

ASAP 15th Annual National Training Conference 2022 Registration Form

Course # 1621

July 19-21, 2022 – Arlington, Virginia

Renaissance Arlington Capital View Hotel - Arlington, Virginia

Registration Instructions

Telephone registrations ARE NOT accepted. Please register by completing the form below and faxing or emailing it to ASAP. ASAP reserves the right to close registration when program capacity is reached. (Upon registration closure, a notice will be placed on the ASAP website.) **Registrations without payment information or proper authorization signatures will NOT be accepted.** Please print clearly and avoid using abbreviations for agency names/components. Registration lists, name badges, certificates, etc. are based on this information. Save \$50 by registering and paying online! Please enclose with your registration form a list of any special needs. ASAP, in compliance with the ADA is happy to assist (Must register by July 1, 2022). See our website for more details: <https://www.accesspro.org/training-education-programs/national-training-conference/>

Health and Safety Protocols

As we return to meeting in person, ASAP will be complying with all CDC and local health authority guidelines. All NTC participants will be required to follow established protocols that are put into place. As the pandemic is an evolving situation, the ASAP Board of Directors is monitoring the situation and may set additional protocols that will be posted. Protocols may require proof of vaccination or proof of a negative COVID test.

Registrant Information

The names of participants registered for ASAP training **may be shared** among fellow attendees including agency/company affiliation and city/state location (as submitted for registration purposes or pulled from the database). Registrants also may specifically opt-in for email address sharing. By registering for the event, participants agree to share their name and contact information with fellow event attendees and event sponsors in order to facilitate networking among parties. This information is also shared with ASAP board and committee members for analysis purposes. Additionally, by registering, participants give permission to use photographs and video which may include them for marketing purposes including social media marketing. Those who do not wish to have their information included on the roster of attendees or appear in any photos should contact us at asap@accesspro.org.

Training Conference Tuition/Fees

Tuition/Fees include the one, two or three-day training conference, presentation materials that are downloadable for paid registrants, early morning coffee, mid-morning and afternoon coffee breaks. **Hotel is a separate charge:** Per diem of \$172 for single/double occupancy. ASAP successfully negotiated several contract incentives with the event hotel, Renaissance Arlington Capital View. These incentives are directly based on how many of our registrants stay at the event hotel. ASAP is passing this savings onto each registrant through the registration fee for those who stay at the event hotel. Local attendees are also entitled to these lower rates. ASAP will compare registration lists to ensure policy compliance. Registrants who paid the lower registration fee and did not stay at the Renaissance Arlington Capital View Hotel will be responsible for the difference and billed accordingly.

	On/Before May 5			May 6 - July 14			July 15 - 21 (Includes Walk-Ins)		
	1-Day	2-Day	3-Day	1-Day	2-Day	3-Day	1-Day	2-Day	3-Day
MEMBERS									
*Member, Local Commuter	\$575	\$900	\$1000	\$650	\$975	\$1075	\$800	\$1125	\$1225
Member, Staying at Event Hotel	\$575	\$900	\$1000	\$650	\$975	\$1075	\$800	\$1125	\$1225
Member, Staying Elsewhere (Non-local)	\$775	\$1300	\$1600	\$850	\$1375	\$1675	\$1000	\$1525	\$1875
NON-MEMBERS									
*Nonmember, Local Commuter	\$625	\$1000	\$1100	\$700	\$1075	\$1175	\$850	\$1225	\$1325
Nonmember, Staying at Event Hotel	\$625	\$1000	\$1100	\$700	\$1075	\$1175	\$850	\$1225	\$1325
Nonmember, Staying Elsewhere (Non-local)	\$825	\$1400	\$1700	\$900	\$1475	\$1775	\$1050	\$1625	\$1925

*Local Commuter is defined as an attendee who is traveling within fifty (50) miles of their duty station

The American Society of Access Professionals

1120 20th St. NW, Suite 750, Washington, DC 20036-3441

Tel: 202-712-9054 Digital Fax: 202-216-9646 Analog Fax: 202-216-0246

E-mail: asap@accesspro.org Website: www.accesspro.org

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Registrant (All Fields Required)

Last Name: _____ First Name: _____

Nickname: _____ Title/Position: _____

Dept/Agency/Org.: _____ Agency/Office: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Tele: _____

Registrant E-mail: _____

Please list any special needs. ASAP, in compliance with the ADA, is happy to assist (Must register by July 1, 2022).

- | | | |
|-----|----|---|
| Yes | No | I agree to abide by the established health and safety protocols above. |
| Yes | No | Are you an attorney? If so, which state(s)? _____ |
| Yes | No | Are you staying at the training event hotel? |
| Yes | No | Are you a local commuter? (Within 50 miles of your office) |
| Yes | No | Publish my E-mail in e-mail column of the Attendee roster (for registrations received by July 5). |
| Yes | No | Are you an ASAP Member? (ASAP is a nonprofit, professional member society. Federal, state, or local government employment does not automatically entitle one to ASAP membership or member discounted program fees.) |
| Yes | No | Will you be applying for Virginia CLE? If yes, please include an additional \$25 in the total amount. |

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Payment

Please refer to the procedures for registration, confirmations, receipts and cancellation fee policy. Registration MUST be accompanied by a credit card and authorized signature or completed training authorization forms (SF-182).

Attendance and Tuition/Fees:

Specify Days Attending: (Please circle) Tuesday, July 19 Wednesday, July 20 Thursday, July 21

Payment Method: (Please checkmark)

- Signed Training Authorization Attached (SF-182)
- Credit Card (VISA, MasterCard, American Express, GPC) Cards are processed weekly, PRIOR to the program.
- Check/ Money Order Enclosed: _____ Check #: _____

Please provide information below (All Fields Required)

Card Holder Name: _____ **Total Amount: \$** _____

Card Holder Email: _____

Card Holder Phone: _____

Card Holder Signature: _____

Card Number: _____

Exp. Date: _____ CVV : _____

Please contact me for full credit card information

Once payment has been processed, this section of the form will be shredded. Receipts are automatically emailed to cardholders.