

ATTENDEE information:

First Name: _____ Last Name: _____

Title: _____ Credentials: _____

Institution: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail: _____

Exclude my information from any mail list sales (even though the sponsor(s) purchasing the list help keep the event costs down).

I am aware that photographs will be taken during this event and may be published in *Perspectives* or NAGAP News, on the NAGAP website, or on NAGAP's social media sites.

 SPECIAL NEEDS: I will need assistance. _____

I have the following dietary requirements: Vegetarian Vegan Gluten-Free Diabetic Kosher Other: _____

In case of emergency, contact (Name/Phone/Relationship): _____

REGISTRATION fees:

	<u>Early-Bird</u>	<u>Regular</u>
	Payment received by November 15, 2017	Payment received by December 22, 2017
<input type="checkbox"/> NAGAP Members	\$625	\$725
<input type="checkbox"/> New Members (includes membership through 6/30/2018) <input type="checkbox"/> Institution <input type="checkbox"/> Individual	\$850	\$950

PAYMENT information:

Total due: \$ _____

To pay by credit card [register online](#) through the NAGAP website.

Check Check # _____

Complete this form and send it with check to:

NAGAP
P.O. Box 723248
Atlanta, GA 31139

Cancellations received in writing prior to December 22, 2017 will be eligible for 100% refund minus a \$100 processing fee. Refunds will be issued in the same manner as the payment was received. If a registrant cancels after the deadline or fails to attend the Winter Institute and payment is not received, the registrant's school will be billed and held responsible for full payment. Substitution of registrants is allowed, and such requests for substitutions must be submitted in writing to info@nagap.org.