

CONFERENCE REGISTRATION



Contact Name: _____

Contact E-mail: _____

Contact Phone: _____

Organization Name: _____

College/University: _____

City: _____

State or Province/Territory: _____

_____ Delegates x \$120 per person on or before December 18, 2009

_____ Delegates x \$140 per person thereafter

TOTAL = _____

DELEGATES

Adviser: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Delegate: _____ t-shirt size: _____

Special Needs? (dietary, accessibility, etc.): _____

Please complete form and mail with payment to: CASE ASAP Districts 7 & 8 Conference
SDSU Student Alumni Association
1897 Aztec Walk
San Diego, CA 92182-1690

Make checks payable to SDSU Alumni Association