

SESSION REGISTRATION FORM

I wish to register for the following session

Session Name: _____

Session Date: _____

Session Type: (check one) webinar webinar series In person located at: _____

Organization Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Attendee #1 Information	Registration Fees <small>Member / NonMember</small>
Name: _____ Email Address: _____	Half day in person session = Macha/PacPay Member & AAP Certified: \$75 Macha/PacPay Member: \$80 PacPay Member, Non-Macha Member: \$130 Non-Member: \$160
Attendee #2 Information Name: _____ Email Address: _____	Full day in person session (price includes lunch) = Macha Member & AAP Certified: \$94 PacPay/Macha Member: \$99 PacPay Member, Non-Macha Member: \$149 Non-Member: \$198 Webinar = \$160/\$320 first dial up line (\$25 each add'l line) 2-part Webinar Series = \$349/\$698 first dial up line (\$50 per addtl line) 3-part Webinar Series = \$499/\$998 first dial up line (\$75 per addtl line)
Attendee #3 Information Name: _____ Email Address: _____	<p style="font-size: small; text-align: center;">NOTE: The pricing above does not apply to certain symposiums and/or conferences. For pricing and registration information for those special educational offerings, contact Macha/PAR at info@macha.org.</p>

Fee Calculation

\$ _____ (Session fee as indicated above)

x _____ (# of individuals/# of dial-up lines)





\$ _____ **Total Registration Fee**

Please calculate your registration fees based upon the fee schedule above. NOTE: With regard to webinars and webinar series, the price is based on the number of dial-up lines you plan to use, not the number of individuals attending.

Method of Payment (check one)

Educational Package Plan/PacPay Coupon

Please ACH debit my account for the amount indicated above as follows:
 ABA #: _____ Account #: _____ (no G/L#s)
 Signed: _____ Date: _____

Credit Card Payment **Credit card type*** Card Number: _____
    Expiration Date: _____
 Cardholder Name: _____

Please send an Invoice

RETURN VIA FAX TO (262) 345-1246