



SESSION REGISTRATION FORM

I wish to register for the following session

Session Name: _____

Session Date: _____

Session Type: (check one) webinar In-person or Virtual PacPay Education

Organization Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Attendee #1 Information	Registration Fees <i>Member / Non-Member</i>
Name: _____ Email Address: _____	Half-day In-person or Virtual PacPay Education PacPay-Macha Member & AAP Certified: \$75 PacPay-Macha Member: \$80 PacPay Member, Non-Macha Member: \$130 Non-Member: \$160
Attendee #2 Information Name: _____ Email Address: _____	Full-day In-person or Virtual PacPay Education PacPay-Macha Member & AAP Certified: \$94 PacPay-Macha Member: \$99 PacPay Member, Non-Macha Member: \$140 Non-Member: \$198
Attendee #3 Information Name: _____ Email Address: _____	Webinar Macha Member: \$175 (1 phone line) Non-Member: \$350 Additional Line: \$35 per additional line
<p><i>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.</i></p>	

Fee Calculation

\$ _____ (Session fee as indicated above)

+ _____ (Fee of additional individuals/lines)





\$ _____ **Total Registration Fee**

Please calculate your registration fees based upon the fee schedule above.
 NOTE: With regard to webinars, the price is based on the number of 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