Registration Form: Professional Development Series, 12-13 October 2017

| Participant Fee: | | | | |
|---|----------------------------|---|-----------------|--|
| \$545.00 ea., single room | Last Name: | First: | Middle Initial: | |
| \$100.00 for Participant's spouse : | Organization/ Employer: | Job | Job Title: | |
| \$100.00 ea. For full-time undergraduate or graduate student, two to a room. | Home Address | | | |
| Student sponsorships available. For more information contact theAffiliate Socities Council at 937-224-8513 or email: office@ascdayton.org | City: | State: | Zip Code: | |
| | Business: Phone | Home or Cell Phone: | | |
| | Email Address: | | | |
| Fee includes seminar materials, meals, refreshments, and lodging Thursday night. | | Payment by check, credit card or PayPal | | |

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Note: All rooms are NON-Smoking Pay by Check: Make check payable to Affiliate Societies Council of Dayton Registration closes and no 5100 Springfield St., Suite 108 refunds after 3 October 2017 Dayton, OH 45431

Pay by credit card or PayPal Call 937-882-1265

When payment is received, you will receive a registration confirmation.

PRINT COMPLETED FORM AS A PDF FILE AND SEND AS ATTACHMENT TO: OFFICE@ASCDAYTON.ORG