



**2019 Southern Regional Conference  
Registration Form  
Louisville, KY  
March 30, 2019**

First name		Middle name	Last name	
Suffix (Jr., III )	Institution/ Company Name			
Address				
City	State/Province	ZIP/Postal Code	Country	
Phone	E-mail			
Menu Option <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other _____				
Are you a member? Why not give the HAPS-L discussion group a try – just check the box!				Sign me up! <input type="checkbox"/>
HAPS sends communications about the society via email. You must opt-in to receive communications about the society, including announcements from the President, election notices, conference dates, etc. If you do not opt-in, you will receive no communications from the society. <input type="checkbox"/> Yes, I want to receive email communication from HAPS				
Can we include you on the attendee list? Note: This list is provided to participating exhibitors, as well as attendees. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Registration Fees: Early Bird (through March 1, 2019)			Registration Fees: Late Fees (Starting March 2, 2019)	
HAPS Contingent Faculty	<input type="checkbox"/>	\$75.00	HAPS Contingent Faculty	<input type="checkbox"/>
HAPS Member	<input type="checkbox"/>	\$100.00	HAPS Member Registration	<input type="checkbox"/>
Non-Member – Contingent Faculty	<input type="checkbox"/>	\$95.00	Non-Member – Contingent Faculty	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	\$115.00	Non-Member Registration	<input type="checkbox"/>
Undergraduate Student	<input type="checkbox"/>	\$35.00	Undergraduate Student	<input type="checkbox"/>
Graduate Student	<input type="checkbox"/>	\$45.00	Graduate Student	<input type="checkbox"/>
Post-Doc	<input type="checkbox"/>	\$50.00	Post-Doc	<input type="checkbox"/>

FAX forms to 706-883-8215 or postal mail to:  
 Mail checks to:  
 HAPS  
 251 S. L. White Blvd  
 P.O. Box 2945  
 LaGrange, GA 30241

Credit Card Type:    Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>	Amount charged to card \$
Card Number	
Expiration Date	Security Code
Name	
Address (please include card zip code)	

For questions, contact HAPS Main Office at [info@hapsconnect.org](mailto:info@hapsconnect.org) or 1-800-448-4277. Thank you for your payment!

**Conference Photo Consent**

When you register for the HAPS Regional Conference, you affirmed that you agreed to allow HAPS photographers to record your participation and reproduce your likeness in publications, online, etc.