



**2020 Eastern Regional Conference
Registration Form
Pittsburgh, PA
March 7, 2020**

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			Registration Fees: Late Fees (Starting February 8, 2020)	
HAPS Contingent Faculty	<input type="checkbox"/>	\$85.00	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"/>	\$105.00	Non-Member – Contingent Faculty	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>	\$120.00	Non-Member Registration	<input type="checkbox"/>
Undergraduate Student	<input type="checkbox"/>	\$40.00	Undergraduate Student	<input type="checkbox"/>
Graduate Student	<input type="checkbox"/>	\$50.00	Graduate Student	<input type="checkbox"/>
Post-Doc	<input type="checkbox"/>	\$60.00	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 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.