



NALS
CHAPTER CLINIC

REGISTRATION FORM

PLEASE DO NOT MAIL THIS FORM IF FAXING OR REGISTERING ONLINE WITH A CREDIT CARD PAYMENT.

First Name Last Name Suffix (PP, PLS, ALP, etc.)

State/Local Chapter Title

Email Address

First Name Last Name Suffix (PP, PLS, ALP, etc.)

State/Local Chapter Title

Email Address

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Email Address

Attendee Registration

(Includes Access to Sessions for Tuesday, September 24, 2019 and Thursday, September 25, 2019)

Registration Fee (deadline September 10, 2019)

___ Regular \$99
___ Special Rate For NALS 68th Attendees \$49

Payment Information

Select Payment Type: Check # _____ Visa Mastercard Discover

Credit Card Number Expiration Date Security Code

Print Cardholder's Name Signature (credit card registrants only)

CANCELLATION POLICY

Refunds will be given (less a \$50 processing fee) for cancellations received no later than August 1, 2019. No refunds will be granted for requests postmarked after that date. Refunds will not be given for no-shows. Substitutions will gladly be accepted 45 days prior to the conference! Only one (1) substitution is permitted per original registrant. Must be substituted for the original conference; no transfers to a future conference will be allowed.

By submitting this registration form, you are confirming that you have read and understood the cancellation policy.

PHYSICAL RESTRICTIONS

Please notify NALS Meetings Manager of any physical restrictions that require special arrangements by September 10, 2019 at communications@NALS.org

PAYMENT INSTRUCTIONS

Payment must accompany registration form. Please DO NOT mail the original form if faxing or registering online with a credit card payment. A \$20 handling fee will be assessed for returned checks.

- **MAIL TO:**
NALS, Inc.
Dept. #170
PO Box 701683
Tulsa, Oklahoma 74170
- **FAX TO:** (918) 582-5907
- **EMAIL TO:**
communications@NALS.org
- **REGISTER ONLINE:**
NALS.org/CC2019

NALS reserves the right to change speakers or modify program content.