



SATRO 10

Orlando, FL

May 1-2, 2008

Conference Registration

Additional registrants may be included on a separate sheet
(Please Print)

Registrant 1 Name _____

E-mail _____ Phone: _____

___ SATRO9 Attendee ___ New Registrant Circle Breakout choices: 1 or 2; 3 or 4; 5 or 6; 7 or 8; 9 or 10

Registrant 2 Name _____

E-mail _____ Phone: _____

___ SATRO9 Attendee ___ New Registrant Circle Breakout choices: 1 or 2; 3 or 4; 5 or 6; 7 or 8; 9 or 10

Registrant 3 Name _____

E-mail _____ Phone: _____

___ SATRO9 Attendee ___ New Registrant Circle Breakout choices: 1 or 2; 3 or 4; 5 or 6; 7 or 8; 9 or 10

Company _____

Address _____

City _____ State _____ Zip: _____

___ 1st FULL/NEW Registrations	\$250
___ 1st CONTINUING/Returnee	\$200
___ ADDITIONAL Registrations, at a \$25 discount to each category above	_____
Total Registration Fees:	\$ _____

Electronic confirmations will be sent to registrants who provide a current email address.

Receipts will be mailed upon request.

___ Handicapped access required. Please indicate special needs or dietary restrictions: _____

___ Charge to credit card

Credit Card: ___ Visa ___ Master Card ___ AmEx

Card # _____ Exp. Date _____

Name on Card: _____

Billing Address: _____

Signature: _____

___ Check Enclosed

Make your check payable to **SATRO**® (Tax ID 56-2133609) and mail it with **this form** to the address below. Pre-registration is required and will not be available on site.

SATRO Conference
c/o Administrative Management Services
P.O. Box 49394
Charlotte, N.C. 28277
Phone: (877) 559-4548 or (704) 319-2288
Fax: (704) 319-2289
Email: admin_mgmt@bellsouth.net

Meeting registration extends your permission to SATRO to use your picture, if included in pictures taken of the meeting events, on our website.