

SATRO® 12
Atlanta, GA
April 29-30, 2010
Conference Registration Form



Please Print. Additional registrants may be included on a separate sheet. Complete contact information is important for each registrant, including email addresses.

Registrant 1 Name _____

___ SATRO®11 Attendee ___ New Registrant Choose Breakout (1 or 2) and choose (FG1 or: FG2)

E-mail _____ Phone: _____

Registrant 2 Name _____

___ SATRO®11 Attendee ___ New Registrant Choose Breakout (1 or 2) and choose (FG1 or FG2)

E-mail _____ Phone: _____

Registrant 3 Name _____

___ SATRO®11 Attendee ___ New Registrant Choose Breakout (1 or 2) and choose (FG1 or FG2)

E-mail _____ Phone: _____

Company _____

Address _____

City _____ **State** _____ **Zip:** _____

___ 1st FULL/NEW Registrations	\$275.00
___ 1st CONTINUING/Returnee	\$250.00
___ ADDITIONAL Registrations (\$25 discount on each category above)	+(\$ _____)

Total Registration Fees: \$ _____

___ Charge to credit card Credit Card: ___ Visa ___ Master Card ___ AmEx ___ Discover

___ Check enclosed Card # _____ Exp. Date _____

___ Handicapped Access Requested. Name on Card: _____

Billing Address: _____

City/State: _____ ZIP _____

Signature: _____

Please indicate special needs or dietary restrictions: _____

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.

ELECTRONIC CONFIRMATIONS WILL BE SENT TO ANY REGISTRANT WITH A CURRENT EMAIL ADDRESS.
 RECEIPTS WILL BE MAILED UPON REQUEST.
 Meeting registration extends your permission to SATRO® to use your picture on the SATRO® website, if included in photos taken of the meeting events.

SATRO® Conference
 c/o Executive Assistant, Inc.
 P.O. Box 2023, Indian Trail, N.C. 28079
 Phone: (877) 559-4548
 Fax: (704) 246-1699