

# SATRO® 2 1

April 11-12, 2019

Orlando, Florida

## Conference Registration Form



Please Print. Additional registrants may be included on a separate sheet.

Complete contact information is important for each registrant, including an email address.

Please print exactly as you would like your information listed in all SATRO® 2 1 publications.

The 2019 registration fee is \$325.00 for all who did not attend the 2018 SATRO® conference in Atlanta.

Those who did attend the 2018 conference receive a \$30 discount from the registration fee, paying \$295.00.

A full refund, less a \$75.00 processing fee per person, will be made for cancellations received by March 22, 2019.

Due to financial commitments made to our hotel, no refund requests received by us after that date will be honored.

However, upon notification up to 72 hours prior to the conference, substitutions will be allowed at no additional charge, if the registrant is employed by the same company. No other substitutions will be allowed for cancellations. Pre-registration is required and may not be available on site. A late registration fee of \$75 applies after March 22, 2019.

Registrants:

1.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

2.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

3.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

4.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

### REGISTRATION FEES

**1st Registrant:**

Fee: \$325.00 new/\$295 continuing\*

Total: \$ \_\_\_\_\_

**2nd Registrant:**

Fee: \$325.00 new/\$295 continuing\*

Total: \$ \_\_\_\_\_

**3rd Registrant:**

Fee: \$325.00 new/\$295 continuing\*

Total: \$ \_\_\_\_\_

**4th Registrant:**

Fee: \$325.00 new/\$265 continuing\*

Total: \$ \_\_\_\_\_

(For additional registrants, use an additional form)

**Total Registration Fees: \$ \_\_\_\_\_**

\* the continuing rate applies only for those who attended SATRO@20 in 2018

COMPANY INFORMATION FOR ALL REGISTRANTS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Method:**

**Check:** Make your check payable to SATRO® and mail to the address listed below.

**Credit Card:** scan and e-mail payment to: [mysatro@aol.com](mailto:mysatro@aol.com).

**CREDIT CARD:** \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover (**AMEX is not an option at this time**)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

RECEIPTS WILL BE SENT TO THE REGISTRANT'S E-MAIL FOLLOWING COMPLETION OF THE REGISTRATION PROCESS. PLEASE CONTACT US IF YOU NEED A RECEIPT SOONER THAN TEN (10) BUSINESS DAYS FOLLOWING REGISTRATION.

SATRO®  
P.O. Box 2496

Matthews, NC 28106  
Phone: (877) 559-4548

Meeting registration extends your permission for SATRO® to use your picture on the SATRO® website.

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