

SATRO® 2 2
April 23-24, 2020
Atlanta, Georgia
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 2** publications.

The 2020 registration fee is \$325.00 for all who did not attend the 2019 SATRO® conference in Lake Buena Vista.

Those who did attend the 2019 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 April 2, 2020.
 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 April 2, 2020.

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@21 in 2019

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.

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.

Tax ID 56-2133609