

**The National Society of Allied Health (NSAH)
2012 Annual Conference
March 23-28
Charleston, South Carolina**

REGISTRATION FORM

FOR

NON-NSAH MEMBERS & NON-INSTITUTIONAL MEMBERS

Please TYPE or PRINT all information.

NAME _____

ADDRESS _____

CONTACT INFORMATION:

PREFERRED TELEPHONE CONTACT: _____

EMAIL: _____

REGISTRATION:

Must be received no later than December 1, 2011

Categories:

- | | |
|--|----------|
| 1. non-member – not attending any sessions | \$ 25.00 |
| 2. non-member – attending for CEU/CMA | \$150.00 |
| 3. Member – non-institutional | \$125.00 |

CREDIT CARD INFORMATION:

Type of Card: _____ American Express; _____ Master; _____ Visa
_____ Other _____

Card Number: _____

Expiration date: Month _____ Year _____

CCV: _____ (three numbers on back of card)

NOTE: Personal checks are accepted.

**Please mail to: National Society of Allied Health
12138 Central Avenue – Suite 562
Mitchellville, MD 20721**

OR email to: ggw.nsah2012@gmail.com