

If individual is registering on-line, this form must be completed in full and received by PSATS prior to the close of business February 1, 2017 for consideration. Form may be mailed, faxed (717)763-9732, or emailed to: conference@psats.org

If individual is using paper registration, this form must be attached to the Conference Registration Form and received by PSATS prior to the close of business on February 1, 2017 for consideration.

CREDIT CARD INFORMATION BELOW IS REQUIRED! THIS WILL GUARANTEE YOUR RESERVATION, HOWEVER NOTHING WILL BE CHARGED TO THE CREDIT CARD AT THIS TIME.

Credit Card Type (circle one):

Visa Mastercard Discover American Express

Name as it appears on card: _____

Card Number: _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: _____ / _____

Billing Address (that the card is billed to):

Phone: _____