



**2004 Summer SASFAA
New Aid Officers Workshop Registration Form
Please Print**

Last Name, First Name, Middle Initial _____
Name for Nametag _____
Title _____
Institution/Agency Name _____
Street Address _____
City, State, Zip Code _____
Telephone # (voice) - include area code _____
Fax # - include area code _____
Email address _____
Gender _____

Indicate ethnicity: (for reporting only)
_____ White, Non-Hispanic
_____ Black, Non-Hispanic
_____ Hispanic
_____ Asian or Specific Islander
_____ American Indian or Alaskan Native
_____ Other

Indicate special needs here:
_____ I have special dietary needs: _____
(details -- example: vegetarian)

_____ I need syringe disposal equipment
_____ I need facilities to accommodate a disability. Please be very specific so we can try to assist you.

Mail completed form and payment to address below. Make checks payable to SASFAA -- EIN-58-1575818
Lester McKenzie
SASFAA Treasurer
P.O. Box 2349
Banner Elk, NC 28604

Registration Fees: A minimum of \$100 non-refundable reservation fee must accompany this form. You will receive a REGISTRATION CONFIRMATION from the SASFAA Treasurer -- do NOT complete travel (airline) arrangements until you receive the confirmation.

Fees: \$650 if postmarked by June 4, 2004 -- for arrival at workshop on June 20, 2004
\$700 if postmarked after June 4, 2004 -- for arrival on June 20, 2004
\$680 if postmarked by June 4, 2004-- for arrival at workshop on June 19, 2004
\$730 if postmarked after June 4, 2004 -- for arrival at workshop on June 19, 2004

For Treasurer's Use Only Membership Committee

Paid ___/___/___ # _____ Amt \$ _____ Completed: _____