

Workshops: Thursday, March 21

Take Action: An afternoon of Community and Theater 11–5 PM (\$75)

Remembering Mike 9-11 AM

## 29TH NATIONAL CONFERENCE IN AUSTIN, TX

## **REGISTRATION FORM**

Registrant Type	2-Day Conference March 22– 23, 2019	After 2/22/2019 & at-door prices	
Current Member*	\$295	\$345	
Non Member	\$400	\$450	
Student/Senior (60+)	\$250	\$300	

PLEASE MAKE YOUR REGISTRATION SELECTIONS HERE

All Welcome

	Aromatherapy for Self-care and Well-being:  Boxed Lunch Available for Workshop Part  NADA Annual Conference: Friday and Sa  Renewal Membership dues	iicipants	\$ \$		Cancellatio on 2/22/1 less a \$50	ation Policy ons received before 5pm 9 are eligible for a refund processing fee. s issued after 2/22/2019.
_	Standard: _1 year for \$70 _2 years for \$3 Senior (60+): _1 year for \$40 _2 years f	•	<del>*</del>		Mailing NADA, PO 82073	form? Box 1066, Laramie, WY
	Students: _1 Year for \$40 with Student II					(573) 303–0111
	Donate to our pre-conference scholars You will receive recognition in the 2019 NADA Co	•	\$		<u>Other q</u> ı (888) 765-	<mark>uestions</mark> ? -6232
	TAL DUE ( <u>in U.S. funds only</u> ) pe Paid by: □Visa □MC □Disc □AmEx □Cho	eck/Money Order	\$			
Ple	ase List any Dietary Restrictions and/o	r Food Allergens:				
Firs	t Name	M.I.	Last Nam	ie		
	t Name anization (If applicable)	M.I.		ne Position (if a	applicable)	
Org		M.I.			applicable)	
Org	anization (If applicable) eet Address <i>or</i> P. O. Box (please circle: Home/Work)	M.I. State/Province		Position (if a	applicable) ostal Code	Country
Org Stre	anization (If applicable) eet Address <i>or</i> P. O. Box (please circle: Home/Work)			Position (if a		Country
Org Stre City	anization (If applicable) eet Address <i>or</i> P. O. Box (please circle: Home/Work)	State/Province		Position (if a		Country Security Code
Org Stre City Day	eet Address <i>or</i> P. O. Box (please circle: Home/Work)  Phone  dit Card (Visa, MC, Discover, Am Ex)	State/Province	Title/Job I	Position (if a	ostal Code	,
Org. Stree City Day Cree Nar	anization (If applicable)  eet Address or P. O. Box (please circle: Home/Work)  Phone  dit Card (Visa, MC, Discover, Am Ex)	State/Province  Cell Phone  redit Card Billing Address (if dif	Title/Job I	Zip/Po Email Exp.	ostal Code	Security Code

<sup>\*</sup>Member rate available to persons who are current with their NADA dues or who renew their membership on this form.