

CONTINUING EDUCATION REGISTRATION FORM

Name:		Title:
Preferred Mailing Address: 🔲 Business 🛄 Home	2	
Daytime Phone:	Fax	
e-mail:		

This email address will replace previous address you've provided.

Prepayment is required. All payments must be made in U.S. funds, either check or charge. Enrollment is limited. Programs are subject to cancellation if minimum enrollment requirements are not met 21 days prior to the event. Registrations and payments postmarked or received via fax after the early registration deadline will be charged at the regular fee. No refunds will be issued for cancellations received less than 5 business days prior to the program start date. Cancelled registrations are subject to a \$35 administrative fee. If payment is by credit card, please submit your completed registration form, including credit card information, to SAA via fax or online. To avoid being double-billed, do not send your registration via both fax and mail. Please make checks payable to SAA and mail to the address above.

Event No.	Event Name	Event Location	Event Fee
PROMOTIONAL C	ODE: (if applicable)		

Method of Payment:	🔲 Check No	Credit Card: Visa, MasterCard, American Express, or Discover				
Card Number			Expiration Date	CVV		

Card Number

Card holder's signature

Please print card holder's name and phone number if differs from attendee