



AASECT 52nd Annual Conference Group Registration Form

Name of Organization / Institution (if applicable): _____

Contact Person: _____

Phone Number: _____

E-Mail Address: _____

Final Number of Attendees in Group (10 minimum): _____

I understand that the group discount applies only to full-priced registration.

I understand that student members, retired members, speakers and volunteers are **not eligible** for the group discount rate and may not be included in groups.

I confirm that this list is final and no members may be added onto this registration after it is submitted.

All completed registration forms for each participant are attached to this cover page with check(s) or payment information attached.

I understand that all group registration packets must be submitted before **Wednesday, April 15, 2020**. I understand that if conference registration sells out before my packet is received, no one in my group will be registered.

Group Members:

Name: _____

Name: _____



Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____