

**ASAP 2005 Conference Registration
July 20 – 23, Cedar Rapids, Iowa**

Reservations must be received by July 8. Registrants will receive confirmation of registration.
After July 8 you must register on site at increased rate.

Contact Information

Name: _____
 Address: _____

 Phone: _____ Email: _____

I would be interested in possibly sharing a room.

Additional Attendees

Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

Fees

Number:

Sub-total:

Adult registration before July 8:	_____ x \$125	_____
Children's registration before July 8:	_____ x \$62.50	_____
Extra closing banquet tickets:	_____ x \$60	_____
Optional University of Iowa tour tickets:	_____ x \$10	_____
Number needing wheelchair accessible transportation:	_____	_____
Optional Thursday evening excursion:	_____ x \$35	_____
Number needing wheelchair accessible transportation:	_____	_____
Number of vegetarian entrees: Saturday banquet:	_____	_____

Conference Sponsorship

Yes, I want to make a donation. Amount: \$ _____

Conference Scholarship Fund

Yes, I want to make a donation. Amount: \$ _____

Payment type: check charge Total Amount Enclosed: \$ _____
 Credit Card Type: Visa MasterCard Discover
 Cardholder Name (please print): _____
 Credit Card Number: _____ Expiration Date: _____
 Cardholder Signature: _____

**Mail to:
 ASAP Conference Registration
 PO Box 1586
 Longview TX 75606**