

The Sixth Standardized Patient-ASPE Conference Registration Form

Saturday, June 16, 2018 ● Kansas City Marriott Downtown ● Kansas City, MO, USA

REGISTRANT INFORMA	ATION: Print your n	ame and designation	as you want it to ap	opear on your name badge.
Name:				
University/College Prog				
Address:				
City/State:				
Phone:	Email:			
ADDITIONAL REGISTRA	TION INFORMATION	ON		
☐ This is my first ASPE S				
☐ Special Needs/ Dietary Restrictions: If you have special needs or dietary restrictions, please attach a written				
request.				
By registering for the Sixth ASPE SP Day, I hereby grant permission to use any and all photographic imagery and				
video and allow the ass	ociation to provide	e my name to hotel fo	r rooms audit.	
PAYMENT METHOD:				
Registration cut-off date is June 1, 2018. Registrations cannot be accepted after this date.				
□ Member – Full Day Program: \$60 (includes boxed lunch and breaks)□ Non-Member – Full Day Program: \$75 (includes boxed lunch and breaks)				
☐ Check (Please make of	, ,		•	
☐ Credit Card:	☐ MasterCard		☐ Americar	n Express
Card Holder's	Name:			
Account #:		Exp. Date: CVV:		
Signature:				
Credit Card Bil	ling Address	☐ Same as above		
Address:				
City/State/Zip				

Mail check and registration form to ASPE Headquarters, 222 S. Westmonte Dr. #101, Altamonte Springs, FL 32714. (Facsimile registrations accepted only for credit card payment. Fax: 407-774-6440). No registration accepted by phone. A \$25 administration fee will be deducted from all refunds made for cancellations received by June 1, 2018. No refunds will be made for cancellations received after this date. All refunds will be processed after the conference. All registration deadlines are strictly adhered to and registrations must be received by June 1, 2018.

Questions? Contact Amy Witt at awitt@kmgnet.com or call 407-774-7880.