

# REGISTRATION FORM

**PLEASE PRINT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School /Organization: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website URL: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Which address to use:  School/Organization  Home

How did you hear about us?  Colleague  www.RAPSA.org  Search Engine  RAPSA Email  RAPS National Conference

Other \_\_\_\_\_

Promo Code: \_\_\_\_\_ User Name: \_\_\_\_\_ Password: \_\_\_\_\_

**MEMBERSHIP LEVEL**

*Please choose one:*

- SIATech/NEWCorp Employee or Board Member
- \$ 45 Basic Membership (Individual)
- \$ 400 Basic Membership (Up to 10 members)
- \$ 850 Basic Membership (Over 10 members)
- \$ 850 Partner in Promise Business/Corporate Membership

*Payment Information:*

Please choose one of the following payment methods:

Make check payable to: RAPSA

Check

Check/PO #: \_\_\_\_\_

Visa  Master Card  American Express



Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Name & Billing Address (If different from above): \_\_\_\_\_

Signature: \_\_\_\_\_

**MAIL OR FAX TO RAPSA / EILEEN HOLMES**

2605 Temple Heights Dr. Ste. F  
Oceanside, CA 92056  
Ph: 800.871.7482  
Fax: 760.631.7650

Questions about payment? Contact Joanne Motz 760.594.4866 or joanne@rapsa.org