

“Activities Update in 2008 – People Helping People”

PLEASE PRINT OR TYPE INFORMATION
(A Separate Registration Form Must Be Completed for Each Individual)

NAME: _____ **PHONE NO.** _____

PLACE OF EMPLOYMENT: _____ **TITLE:** _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

EARLY REGISTRATION: (Postmarked by 9/5/08)

	MEMBER	NON-MEMBER
Full Conference	\$200 _____	\$250 _____
Monday	\$125 _____	\$175 _____
Tuesday	\$ 75 _____	\$125 _____



_____ I will
 _____ I will not
 participate in the
 Sunday Bus Tour

LATE REGISTRATION: (Must be postmarked by 9/26/08)

	MEMBER	NON-MEMBER
Full Conference	\$225 _____	\$275 _____
Monday	\$150 _____	\$200 _____
Tuesday	\$100 _____	\$150 _____

BREAK-OUT SESSIONS REQUESTED (Please select a 1st & 2nd choice for each session)

A _____ **B** _____ **C** _____ **D** _____ **E** _____ **F** _____
G _____ **H** _____ **I** _____ **J** _____ **K** _____ **L** _____
M _____ **N** _____ **O** _____ **P** _____ **Q** _____ **R** _____
S _____ **T** _____ **U** _____

We would like to include a list of all conference participants and their contact information in the registration packet you will receive. This listing is for the purpose of helping you network with the people you meet at the conference. Please indicate if you would like to be included in this list:

YES _____ **NO** _____ Do you require any special diet? **YES** _____ **NO** _____

If you require a special diet, please list your requirements. _____

Please enclose check made out to PAPA or Voucher Request Form with completed Registration Form and return to: PAPA Registration Chair Carolyn Snow, RR1 Box 221, Altoona, Pa. 16601 Attendee’s name must be placed on all checks.

OFFICIAL USE ONLY

PERSONAL CHECK #	BUSINESS CHECK #	DATE RECEIVED:
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