



# SCAAS 2017 Workshop Registration Form



Please print and mail with payment to:

SCAAS 2017 Workshop  
5535 N. 19th St.  
Phoenix, Arizona 85016  
Attn: R. Alling – Treasurer, SCAAS

\*Name(s): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ \*E-Mail: \_\_\_\_\_

\* Required fields

## SCAAS General Memberships

<i>Current</i>			<i>Number</i>	<i>Total</i>
( )	Business	\$250.00 (1 year)	_____	\$ _____
( )	Regular	\$25.00 (1 year)	_____	\$ _____
( )	Student	\$10.00 (1 year)	_____	\$ _____

## Workshop Registrations

<i>Members of SCAAS</i>	<i>\$55.00</i>	_____	\$ _____
<i>Nonmembers</i>	<i>\$70.00</i>	_____	\$ _____
<i>Workshop Dinner</i>	<i>\$35.00</i>	_____	\$ _____

**Membership and Workshop Registration Total** \$ \_\_\_\_\_