

2009 DSAA SPRING SEMINAR & BOARD MEETING

APRIL 24 & APRIL 25

Residence Inn Marriott-Alamo Plaza, San Antonio, TX
REGISTRATION FORM

Company Name _____ Phone for confirmation _____
Address _____ Fax Phone _____
City, State/Province, Zip/Postal Code _____ Email Address for confirmation _____
1st Attendee Name: _____ Additional Attendee ** Name: _____

Additional Attendee ** Name: _____

AGENDA AND SPEAKERS ARE SUBJECT TO CHANGE

REGISTRATION FEE	DSAA MEMBERS		NON-DSAA MEMBERS	
<i>Registration Fee Includes Continental Breakfast and Lunch</i>	Attendee*	\$ 60.00	Attendee	\$ 60.00
	Additional Attendee	\$ 60.00	Additional Attendee	\$ 60.00

- Discover
- Visa
- MasterCard
- American Express

Check Your Method of Payment

Enclose Check or Money Order

Exp. date _____

Description of Fees

Amount

NAME ON CARD _____

Credit Card # _____

Signature _____

Total: _____

***2009 DSAA MEMBERSHIP DUES MUST BE PAID (ADDITIONAL ATTENDEES MUST BE FROM THE SAME SCHOOL)**



FAX WITH CREDIT CARD INFORMATION TO: 985-649-9877
DSAA-COMMUNICATIONS OFFICE
3090 E. GAUSE BLVD., SUITE 425, SLIDELL, LA 70461
CALL IF ANY QUESTIONS: 1-800-270-DSAA (3722)