



National Association of Therapeutic Schools and Programs 2025 Wilderness Symposium and Utah Regional Conference

June 2-4
Zermatt Resort - Midway, UT

Attendee Info

Organization: _____

Registrant 1: _____ Title: _____ Email: _____

Registrant 2: _____ Title: _____ Email: _____

Registrant 3: _____ Title: _____ Email: _____

Registrant 4: _____ Title: _____ Email: _____

Registrant 5: _____ Title: _____ Email: _____

Registrant 6: _____ Title: _____ Email: _____

Registrant 7: _____ Title: _____ Email: _____

Registrant 8: _____ Title: _____ Email: _____

Registrant 9: _____ Title: _____ Email: _____

Registrant 10: _____ Title: _____ Email: _____

Registrant 11: _____ Title: _____ Email: _____

Registrant 12: _____ Title: _____ Email: _____

Registrant 13: _____ Title: _____ Email: _____

Registrant 14: _____ Title: _____ Email: _____

Registrant 15: _____ Title: _____ Email: _____

Registrant 16: _____ Title: _____ Email: _____

Registrant 17: _____ Title: _____ Email: _____

Registrant 18: _____ Title: _____ Email: _____

Registration Fees

	Until April 11	April 12 - May 23	On-site
Program Member Rate	<input type="checkbox"/> \$215	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Individual/Affiliate Member Rate	<input type="checkbox"/> \$215	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

****NATSAP GROUP DISCOUNT** - Members of NATSAP programs are eligible to receive a group registration discount. Every SIXTH registrant (of the same program) are eligible for the 50% discount. To take advantage of this discount, register your first FIVE staff members and then email events@natsap.org with the name(s) of those staff members to receive the 50% off for the sixth staff member. You must be listed as a member in the current NATSAP membership directory in order to receive the discount.



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*Conference Recording Policy

To register for this event you must read and agree to abide by the following policy: Participants are not permitted to record any conference sessions or discussions (with any audio, video, note-takers, transcribers, or AI bots/software). If a participant requires a recording for accessibility purposes, they must obtain advance approval from NATSAP's Director of Community Events (stephanie@natsap.org) and retain the recording for their private use only.

I have read and agree that I will abide by NATSAP's Conference Recording policy.

Payment

☐ Check Enclosed - Please list check number: _____

☐ Credit Card Number: _____ Exp Date: _____ CVC: _____

Name as it appears on Credit Card: _____

Credit Card Billing Zip Code (*required*) _____

Email address of card holder (*for receipt*): _____

Signature: _____ Date: _____

Please do not send registrations after May 23rd. If you want to register after this date, you must do so ON-SITE at the conference.

Substitution Policy: If a registrant is unable to attend this event for any reason, they may substitute someone else from the same organization for no change fee. On-site substitutions will be allowed for no fee.

Cancellation Policy: If an individual wishes to cancel his or her registration for the 2025 Utah Regional Conference, please inform the conference organizers in writing, by **May 9th**. **NO REFUNDS** will be issued after April 12th. No exceptions. Attendee substitutions are allowed at any time.

Please email events@natsap.org if you do not receive a confirmation email within 7 days of sending your registration form.

*National Association of Therapeutic Schools and Programs (NATSAP)
16701 Melford Blvd., Suite 400
Bowie, Maryland 20715
Phone (301) 986-8770*

www.natsap.org
events@natsap.org