



2025 Annual Conference

January 28-30

Carlsbad, CA

GROUP REGISTRATION FORM

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

	Before Dec. 1	Dec. 1 - Jan. 17	ON-SITE
Program Member Rate	<input type="checkbox"/> \$675	<input type="checkbox"/> \$700	<input type="checkbox"/> \$725
Individual/Affiliate Member	<input type="checkbox"/> \$675	<input type="checkbox"/> \$700	<input type="checkbox"/> \$725
Rate Non-Member Rate	<input type="checkbox"/> \$945	<input type="checkbox"/> \$970	<input type="checkbox"/> \$995
Presenter Rate	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550

****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, please email completed GROUP REGISTRATION FORM to events@natsap.org. You must be listed as a member in the current NATSAP membership directory in order to receive the discount.



National Association of Therapeutic Schools and Programs

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Payment:

Check Enclosed - Please list check number: _____

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

Name as it appears on Credit Card: _____

Credit Card Billing Address (**required**) _____

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

Signature: _____ Date: _____

Please do not send registrations after January 17th. 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 Annual Conference, please inform the conference organizers in writing, by January 3rd. NO REFUNDS will be issued after January 3rd. 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.

Registration for the NATSAP Annual Conference and its affiliated meetings and events constitutes an agreement by the registrant for NATSAP and its affiliates to use and distribute the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

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events@natsap.org