



National Association of Therapeutic Schools and Programs

2025 SOUTHEAST REGIONAL CONFERENCE

September 8-9

Hyatt Regency Greenville

Attendee Info

First/Last Name: _____

Would you like your pronouns listed on your badge? ____ Yes ____ No Pronouns: _____

Job Title: _____ Credentials/Professional Designation: _____

Organization: _____

Phone: _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please list any dietary restrictions, including food allergies: _____

I need special accommodations to participate in this program: (please outline below)

Is this your first time attending a NATSAP Conference?

☐ Yes

☐ No

***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.

Registration Fees

	<i>On or before July 22</i>	<i>July 23- September 2</i>	<i>On-site</i>
<i>*Pre-conference training September 8 (optional)</i>			
Family Systems Training Institute (Member Rate)	\$50	\$50	\$50
Family Systems Training Institute (Non-Member Rate)	\$75	\$75	\$75
<i>Conference registration September 9</i>			
Member Rate	\$270	\$295	\$320
Non-Member Rate	\$420	\$445	\$470
Presenter Rate	\$0	\$0	\$0

****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 events@natsap.org with the names, emails, and titles 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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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 e-mail registrations after September 2. 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 Southeast Regional Conference, please inform the conference organizers in writing, by **August 19th**. No cancellations/refunds will be granted after that date. 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)

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events@natsap.org