## VIRTUAL CONFERENCE REGISTRATION FORM

JULY 13-16, 2024

NAME AND ADDRESS	□ ASCA Member \$199 □ Retired Member \$169 □ Student Member \$169 □ Nonmember \$349	
Name		
ASCA Member #Exp. Date		JC1 \$5-17
Cell Phone	TOTAL REGISTRATION FEES	
Work Phone	Conference Registration	\$
Email Address	Purchase order processing fee (if applica	able) \$10
Mailing Address	<ul> <li>(Note, if you are paying by purchase order only, please add \$10 to cover administrative processing costs; all purchase orders must be paid before the conference begins.)</li> </ul>	
CityStateZIP		
Twitter Handle	Total Payment:	\$
Name for Badge	PAYMENT INFORMATION	
Name of School/Institution	A processing fee of \$50 will apply. No returnes will be issued	
School CityState		
First-Time Attendee? No. of years?	□ Check □ Purchase Order Enclosed (must be accompanied by registration form)	
Special Needs? $\square$ Yes $\square$ No If yes, explain on separate page.	If you do not receive payment confirmation within three weeks,	
Work Setting/Level		on.
Job Title	- RETURN COMPLETED REGIST	RATION FORM
EMERGENCY CONTACT	WITH PAYMENT OR PURCHAS ASCA Annual Conference	SE ORDER TO:
Name	277 S. Washington St., Suite 390, Alexandria, VA 22314 — asca@schoolcounselor.org	
Phone	9	NI
Opt in or out of emails from exhibitors.	QUESTIONS, CONTACT: Phone: (847) 620-4498; Toll-Free: (888) 505-1292	

Email: asca\_registration@goeshow.com