Indiana State Assembly Fall Workshop

November 7-8, 2015

Franciscan St. Francis Health, Indianapolis Campus

Indianapolis, IN

**PLEASE PRINT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CST/CSFA Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ AST Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification Number:\_\_\_\_\_\_\_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Remember ISA is going **GREEN**, make sure your email address is updated and legible.\*\*\*

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Info

AST Member $75 \_\_\_\_\_\_ Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Member $85 \_\_\_\_\_\_ Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student $25 \_\_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Number\_\_\_\_\_

Amount Enclosed $ \_\_\_\_\_\_\_\_\_ Address of Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Note: To secure a plate where lunch is provided, registrations must be postmarked before October 31, 2015. Professional business attire is required.

Please include payment with registration (please make check or money order payable to Indiana State Assembly of AST)

Please note: registration is non-refundable and there is a $25 fee for returned checks.

Return this registration and payment to:

Indiana State Assembly of AST

ATTN: Education Chair

P.O. Box 421673

Indianapolis, IN 46242

Check our website (<http://in.ast.org>) for updates on speakers and presentations.