



# 2025 WINTER SYMPOSIUM REGISTRATION FORM

WEDNESDAY, JANUARY 22, 2025

**Registration Rates (Non Refundable)**

Members: \$95, Under 30: \$65, 3+ Registrations: \$85

Nonmembers: \$125

Students: \$20, Chaperones: \$45

**Deadline: January 17, 2025**

**Company:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you interested in learning more about CNLA board and committee openings?** \_\_\_\_\_

Clearly print the names and preferred email address of attendees below. You must register with a valid email address to receive credits.

<b>Attendee Names</b> (include CCH after name if applicable)	<b>Under 30</b>	<b>Student</b>	<b>Chaperone</b>	<b>Total Amount</b>
1. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Total Registration Fee Enclosed \$** \_\_\_\_\_  Check \_\_\_\_\_  Credit Card (Visa, Mastercard, AMEX)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_