

REGISTRATION FORM

PLEASE PRINT

Name: _____ Title: _____

School /Organization: _____ School District: _____

Address: _____

City _____ State _____ Zip _____

Phone 1: _____ Phone 2: _____ Fax: _____

E-mail: _____ Website URL: _____

Home Address: _____

City _____ State _____ Zip _____ Home E-mail: _____

Which address to use: School/Organization Home

How did you hear about us? Colleague www.RAPSA.org Search Engine RAPSA Email At-Promise Conference

Twitter Facebook Other _____

Promo Code: _____ User Name: _____ Password: _____

MEMBERSHIP LEVEL

Please choose one:

- SIATech/NEWCorp Employee or Board Member
- \$ 45 Basic Membership (Individual)
- \$ 200 Basic Membership (5 members)
- \$ 400 Basic Membership (10 members)
- \$ 800 Basic Membership (20 members)
- \$ 850 Partner in Promise Business/Corporate Membership

Payment Information:

Please choose one of the following payment methods:

Make check payable to: RAPSA

Check

Check/PO #: _____

Visa Master Card American Express



Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ CCV #: _____

Name & Billing Address (If different from above): _____

Signature: _____

MAIL OR FAX TO RAPSA / EILEEN HOLMES

2605 Temple Heights Dr. Ste. F
Oceanside, CA 92056
Ph: 800.871.7482
Fax: 760.631.7650

Questions about payment? Contact Joanne Motz 760.594.4866 or joanne@rapsa.org