

# Las Vegas July 20<sup>th</sup> & 21<sup>st</sup>, 2018 Registration Form

Pay by credit card on website AND fax (or scan to asop.charles@gmail.com) this completed form to  
727- 231-8385

Check the workshop you will be attending

Advanced Workshop       Basic Workshop

Or mail completed form with \$550.00 check or credit card info at bottom to:

ASOP

PO Box 7440

Seminole, FL 33775

Registration fee does not include hotel

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Tel \_\_\_\_\_ Cell# \_\_\_\_\_

\*Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

\*Title/Certifications/State License \_\_\_\_\_

I have passed the ROT exam \_\_\_yes\_\_\_no      Cert# if you have it \_\_\_\_\_

Credit card info name on card \_\_\_\_\_ exp date \_\_\_\_\_

Card# \_\_\_\_\_ Visa \_\_\_MC\_\_\_

Card Statement address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ zip \_\_\_\_\_ date \_\_\_\_\_

FAX TO: 727-231-8385