

ASCA CIRCUIT OR COMMITTEE EVENT REGISTRATION FORM

Circuit and/or Committee: _____

Event Title: _____

Date(s) of Event: _____

Time of Event (beginning and ending): _____

Location/Venue: _____

Physical Address of Venue: _____

City and State of Venue: _____

Event Contact Person: _____

Email for Contact Person: _____

Phone and Fax for Contact Person: _____

Event Coordinator: _____

Event Coordinator Email: _____

Phone and Fax for Event Coordinator: _____

Guest Speaker: _____

Guest Speaker Institution and Position: _____

Attach a biography of guest speaker, if available.

Registration Fee:

Member: _____ Non-Member: _____

Number of Seats Available: _____

Registration begins on: _____ Ends on: _____

Will you allow registration on-site? _____ If so, where there be a change in price? _____
What will that price change be? Member _____ Non-Member _____

Please give a brief description of the event to be placed on the registration page.

If there are any other comments you would like posted on the site, for example how many meals included with registration fee; other speakers; etc. please attach. There is a comment section on the registration page to put such information.

Please complete as much information as possible and return to the ASCA Central Office by fax 1-866-328-7776 or 979-458-1714 or by email to billyep@asca.tamu.edu at least two (2) weeks before registration live date.

Any questions call Billye at 502-742-4650