



ISA Spring Workshop

Saturday, April 17, 2010

Deaconess Hospital

600 Mary Street

Evansville, Indiana 47710

PLEASE PRINT

Name: _____

CST CST/CFA Other _____

Address: _____

City: _____ State: _____

Zip: _____ Date: _____

AST Member Number: _____

Certification Number: _____

Home Phone: _____

E-mail address: _____

Employer: _____

CONFERENCE REGISTRATION

AST Member \$65 _____

Non-Member \$80 _____

Student \$25 _____

Amount Enclosed \$ _____

_____ I would like to be a "Friend of the OR" for the Push for the Profession/Legislation. I have included \$ _____ as my contribution in addition to my registration fee.

Please Note:

To secure a plate where lunch is provided, registrations must be postmarked before March 31st.

Professional business attire is required.

Check our website (www.astindiana.com) for updates on speakers and presentations.

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

P.O. Box 421673

Indianapolis, IN 46242