



# NASP 2021 VIRTUAL CONVENTION REGISTRATION FORM

February 23-26, 2021 • Where You Are

Please print or type all information and **send to NASP Convention Registration, 11208 Waples Mill Road, Suite 112, Fairfax, VA 22030**. Please make a copy of this form for your records. *Accepted credit cards include Visa and MasterCard only. Checks and money orders must be made payable to "NASP" in U.S. dollars. Please note that NASP is unable to accept checks covering more than one person's registration fee or any Purchase Orders.*

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

NASP Member Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: (Work or Home) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell: \_\_\_\_\_ Number of Years Working in School Psychology: \_\_\_\_\_

## SECTION 1: REGISTRATION FEES [FULL]

Check One:

	Member	Student Member	Nonmember
<b>Early</b> (Available through 1/27/21)	\$199 <input type="checkbox"/>	\$29 <input type="checkbox"/>	\$409 <input type="checkbox"/>
<b>Full</b> (Available 1/28/21-Event)	\$249 <input type="checkbox"/>	\$39 <input type="checkbox"/>	\$459 <input type="checkbox"/>

Section 1 Subtotal \$ \_\_\_\_\_

## SECTION 2: NASP Membership—Save on Convention Registration Fees!

If you are not yet a NASP member, join today to receive the discounted member convention registration rates. Visit [www.nasponline.org/membership](http://www.nasponline.org/membership) to access membership category descriptions and information on the many other benefits of NASP membership.

Select your membership category.

### Membership Through June 30, 2022

#### Membership Category

Regular	M2	\$330 <input type="checkbox"/>
Student	S2	\$120 <input type="checkbox"/>
Early Career-1st Year	E2	\$210 <input type="checkbox"/>
Early Career-2nd Year	F2	\$255 <input type="checkbox"/>
Retired	R2	\$135 <input type="checkbox"/>
Canadian	C2	\$330 <input type="checkbox"/>
International	I2	\$335 <input type="checkbox"/>
Associate	A2	\$330 <input type="checkbox"/>
Student Associate	B2	\$120 <input type="checkbox"/>
Common Address	Y2	\$245 <input type="checkbox"/>
Leave of Absence	L2	\$110 <input type="checkbox"/>

#### Student Members:

Name of University \_\_\_\_\_

Expected Graduation Year (Terminal Degree) \_\_\_\_\_

#### Common Address Members:

Name of Regular Member With Whom You Reside \_\_\_\_\_

Regular Member's Member Number \_\_\_\_\_

#### Leave of Absence Members:

Explanation of Leave of Absence \_\_\_\_\_

Section 2 Subtotal \$ \_\_\_\_\_

## SECTION 3: DONATION

Contribution to the Minority Scholarship Fund [CON1] \$ \_\_\_\_\_

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## SECTION 4: WAIVERS AND CANCELLATION POLICY

Please Read and Sign

I acknowledge that I am physically able to take part in all convention activities (such as educational sessions and special events). I assume full responsibility for my own well-being, have chosen to participate in the NASP 2021 Annual Convention of my own free will, and agree not to allow any other individual to participate in my place. In case of damage or injury to myself or my personal property, I will indemnify and hold harmless NASP and its officers, directors, employees, agents, and members and bear all costs they incur for all loss, expense, damage, causes of action, claims, or demands of whatever kind and nature, including judgments and interest.

I consent and authorize NASP to copyright, use, and publish any of the images or recordings in any format taken of me during any NASP event. I understand these images may be used for a variety of purposes and may appear on the NASP website, in NASP publications, promotional materials, or any other media now known or to be invented. I agree that NASP will not be responsible for unauthorized use of the images or recordings. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

**A \$25 processing fee will be deducted from all registration refunds.** Cancellations will not be accepted after January 27, 2021, or on site.

I have read, understand, and agree to abide by the cancellation policies included on the NASP website as well as the Section 4 paragraphs above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 5: PAYMENT METHODS

Please complete for your registration to be processed. Purchase Orders cannot be accepted.

SECTION 1 (required) \$ \_\_\_\_\_ SECTION 2 \$ \_\_\_\_\_ SECTION 3 \$ \_\_\_\_\_

Check No. \_\_\_\_\_  Credit Card No. \_\_\_\_\_

Visa  MC Exp. Date \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing address same as on page one.

Authorized Cardholder's Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL ENCLOSED**  
**(Sections 1-3) \$ \_\_\_\_\_**

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