

**Understanding By Design
MACSA/Non-member Registration Form**

November 11, 2015
8:30AM-3:30PM

Registration Form

School _____ School Email _____

Contact Person _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Name of Administrator _____ Email _____

Please submit this registration form via [email](#), fax, or by calling the Northeast Regional Office.

\$79.00 per person (please list names, emails and titles below)

Total Number of MACSA/Non-member Delegates _____

There are no refunds for pre-registered events. Substitutions are allowed. Please contact the ACSI office for details.

REGISTRATION TOTAL = \$ _____

Registration fee must be paid at time of registration. Please complete the credit card information below or mail this form along with a check made payable to ACSI.

Please PRINT name, email address and title of each person attending: (submit an extra sheet if needed)

To pay by credit card, please complete:

CREDIT CARD INFORMATION: Am. Express Discover MasterCard Visa

Credit Card Number: _____/_____/_____/_____ Expiration Date: _____

Name on Card: _____

Billing Address of Card Holder: _____

Email Address: _____ Phone: _____

CVV#: _____ Amount to be charged: \$ _____

(CVV#: Last 3 digits on reverse of card. For American Express, last 4 digits on the front of card)

Please contact the Northeast Office with any questions at 717-285-3022.
Mail, email, or fax registration and payment (make checks payable to ACSI) to:
ACSI Northeast Office, 845 Silver Spring Plaza, Suite B, Lancaster PA 17601-1183
Fax: 717-285-2128 Email: lynne_moyer@acsi.org