



The Journey Towards Artistic Excellence!

REGISTRATION INFORMATION (please complete)

Name _____
Address 1 _____
Address 2 _____
City _____ **State** _____ **Zip** _____
Business Phone _____
Cell Phone _____ **Email** _____

SCHOOL/INSTITUTIONAL AFFILIATION

Name of School _____
Director _____

REGISTRATION FEES

	<u># of Attendees</u>	<u>Subtotals</u>
Organizational Fee (each institution)	\$105	
Student (early registration)	\$65 x	
Student (after Feb. 15th)	\$75 x	
Director/Faculty	\$105 x	
Individual	\$85 x	
Lifetime Membership	\$500 x	
Banquet Only	\$35 x	
TOTAL		Fees

BILLING METHOD

____ Check ____ Online ____ Cash
 ____ Credit
 Credit Card # _____

Exp. Date _____ **Sec. Code** (on back of card) _____
Name of Cardholder _____
Billing Address 1 _____
Billing Address 2 _____
City _____ **State** _____ **Zip** _____

MAKE CHECKS PAYABLE TO: National Association of Dramatic & Speech Arts, Inc. (NADSA, Inc.)
Mail payments : c/o Karl Norman, Executive Treasurer
 P. O. Box 4276
 Grambling, LA 71245

Pre-Register by Email: nadsainc1936@gmail.com

Note: If paying for more than one attendee please complete conference registration form for EACH person.

NADSA OFFICE USE ONLY:

Date Received _____ **Date Processed** _____ **Balance** _____