



**"The Journey Toward 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>
<b>Organizational Fee</b> (each institution)	<b>\$105</b>		_____
<b>Student</b> (early registration)	<b>\$65</b>	x _____	_____
<b>Student</b> (after Mar 3rd)	<b>\$75</b>	x _____	_____
<b>Director/Faculty</b>	<b>\$105</b>	x _____	_____
<b>Individual</b>	<b>\$85</b>	x _____	_____
<b>Lifetime Membership</b>	<b>\$500</b>	x _____	_____
<b>Banquet Only</b>	<b>\$35</b>	x _____	_____

<b>TOTAL</b> _____	_____
	<b>Fees</b>

**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 \_\_\_\_\_

<p><b>MAKE CHECKS PAYABLE TO: National Association of Dramatic &amp; Speech Arts, Inc. (NADSA, Inc.)</b>  <b>Mail payments : c/o Karl Norman, Executive Treasurer</b>  <b>P. O. Box 4276</b>  <b>Grambling, LA 71245</b>  <b>Pre-Register by Email: <a href="mailto:nadsainc1936@gmail.com">nadsainc1936@gmail.com</a></b></p>
--

**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 \_\_\_\_\_