



EEG Boot Camp Advanced EEG and LTM

October 19-20, 2019
Albany, NY
Registration Form

Name: _____ ASET ID _____
Last First Nickname for badge

Credentials: R. EEG T. R. EP T. RPSGT CNIM CLTM R. NCS T. Other _____
Degrees: 2 year Associates BA BS MA MS PhD Other _____

Institution/Company _____
 Home Address Work Address

Address _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____

E-mail* _____

Name & Phone, in case of emergency _____

If you require special accommodations to fully participate, please attach a written description of your needs.

Attendee List

An attendee list will be distributed to all registered attendees at the meeting. Please note your preference for release of information by checking one of the options below. If the field is not checked, your name and information will be automatically included in the listing.

- All of my information may be published.
- All of my information, except my e-mail address, may be published.
- Do not include any of my information.

Course Registration (Choose One)

- EEG Boot Camp
- Advanced EEG and LTM Academy

2-Day Course Registration Rates

Received by September 16, 2019

- \$275 ASET Member
- \$320 ASET Non-Member
- \$140 Student

Received September 17, 2019 or later

- \$325 ASET Member
- \$370 ASET Non-Member
- \$165 Student

Daily Registration Rates

Received by September 16, 2019

- \$160 ASET Member Saturday
- \$210 ASET Non-Member Sunday
- \$105 Student

Received September 17, 2019 or later

- \$185 ASET Member Saturday
- \$235 ASET Non-Member Sunday
- \$125 Student

Where did you hear about this seminar?

Mark all that apply.

- ASET Website
- Broadcast Email
- Facebook
- Postcard
- Co-Worker
- Course Director
- Other _____

Cancellation Policy: Registration fees, less \$50 cancellation fee, are refundable if written notice is received 14 days prior to the start of the course. No refunds are given within 14 days of the course.

Payment Information

- Check enclosed, made payable to ASET [checks in U.S. dollars on U.S. Bank]
- American Express Discover MasterCard Visa

Name on Card _____

Account No _____ - _____ - _____

Expiration Date _____ / _____ 3 / 4 digit security code _____ Zip Code _____
Month Year

Cardholder Signature _____

Return form with payment to: ASET, 402 East Bannister Road, Suite A, Kansas City, MO 64131-3019
816.931.1120 ■ 816.931.1145 fax ■ info@aset.org ■ www.aset.org

ASET reserves the right to cancel this meeting at any time due to unforeseen circumstances beyond our control.