



NE/ AOSA SINGLE DAY FEE 2018-2019

(\$40.00 - Fee covers this workshop only)

Paid with: Cash Check (Please Circle)

(Please make checks payable to NEAOSA.)

## Day Registration Form

(Please Print Clearly)

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

School System: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in a full NEAOSA membership this year? Circle: Yes No

Have you attended any previous workshops this year? Circle: Yes No

**If yes, please record the months you have attended below and stop. You are done.**

Month(s) Previously Attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If no, please complete the remainder of the form below.**

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: (      ) \_\_\_\_\_