



NE/ AOSA SINGLE DAY FEE 2019-2020

(\$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 #: () _____