



32nd Annual CSA Conference October 30 - November 1, 2009

Registration Form

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (required): _____ - _____ - _____ E-mail: _____

Registration

*Full registration includes meals, admission to sessions and exhibit hall, a Conference syllabus as well as one set of speaker recordings per registration address. Additional sets can be ordered below.

To register after 10/12/09, call 877-CSA-4-CSA (877-272-4272). Registration fees increase 30% on 10/13/09.

Photo/Video Statement

By attending this event it is agreed that photos/videos may be taken and used by CSA for promotional and educational purposes.

I have specific dietary needs (Gluten-free meals and snacks)

- Lactose-free Vegetarian

Minors

All minors must have a parent or guardian registered as a conference participant.

Special Assistance

CSA adheres to the articles of Title III of the 1990 Americans with Disabilities Act. If special assistance is required, notify CSA by 9/1/09.

I am interested in receiving Educational Credits

- Dietitian: Application for CPE Units will be submitted through the American Dietetic Association's Commission on Dietetic Registration.
 Nurse: Application for approval of nursing contact hours is being made to the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Register On/Before 10/12/09		#	First and Last Names	Amount
Registration	Member Full *	\$350.00	x__	\$
	Non-Member Full *	\$550.00	x__	\$
	One Day (Lunch Only) Friday <input type="checkbox"/>	\$180.00	x__	\$
	Saturday <input type="checkbox"/>	\$180.00	x__	\$
	CSA KidZone (ages 7-11)	\$125.00	x__	____ Age \$
	CSA TeenScene (ages 12-16)	\$125.00	x__	____ Age \$
CSA Young Adult (ages 17-21)	\$250.00	x__	____ Age \$	
Additional Options	Historical Tour "Erie" October 29 9:00 am – 4:00 pm	\$45.00	x__	\$
	"Oktoberfest" Buffet October 29 4:30 pm - 8:30 pm	\$40.00	x__	\$
	Guest Meals			
	Friday Breakfast <input type="checkbox"/>	\$25.00	x__	
	Friday Lunch <input type="checkbox"/>	\$25.00	x__	
	Friday Dinner <input type="checkbox"/>	\$35.00	x__	
	Saturday Breakfast <input type="checkbox"/>	\$25.00	x__	\$
	Saturday Lunch <input type="checkbox"/>	\$25.00	x__	\$
	Saturday Dinner <input type="checkbox"/>	\$40.00	x__	\$
	Sunday Breakfast <input type="checkbox"/>	\$25.00	x__	\$
Speaker Presentation Recording Set	\$70.00	x__	\$	
CSA Membership				
Renewal	\$25.00	x__	\$	
New	\$33.00	x__	\$	
Total				\$

Payment method: Check: Amount (Payable to the Celiac Sprue Association) _____

Credit card:

Provide Security Code:	Visa	Discover	MasterCard	American Express

Credit card number: _____ Exp. Date: _____

Full name of cardholder (Please Print): _____ (Signature): _____

No refunds will be issued once payment has been received. Forfeited fees will be retained as a donation to CSA.