



2024 WINTER SYMPOSIUM REGISTRATION FORM

WEDNESDAY, JANUARY 24TH - THURSDAY, JANUARY 25TH

Registration Rates PER DAY (Non Refundable)

Members: \$105, Under 30: \$75, 3+ Registrations: \$95

Nonmembers: \$135

Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you interested in learning more about CNLA board and committee openings? _____

Clearly print the names and preferred email address of attendees below and indicate what day(s) they will be attending. You must register with a valid email address to receive credits.

Attendee Names

(include CANP after name if applicable)

Under 30

Wed.
1/24

Thurs.
1/25

Total
Amount

1. _____ ☐ ☐ ☐ _____

Email: _____

2. _____ ☐ ☐ ☐ _____

Email: _____

3. _____ ☐ ☐ ☐ _____

Email: _____

4. _____ ☐ ☐ ☐ _____

Email: _____

5. _____ ☐ ☐ ☐ _____

Email: _____

6. _____ ☐ ☐ ☐ _____

Email: _____

Total Registration Fee Enclosed \$ _____ ☐ Check _____ ☐ Credit Card (Visa, Mastercard, AMEX)

Credit Card # _____ Exp. Date _____ CW Code: _____

Name on Card _____ Signature _____

Billing Address (if different from above) _____