

ASSOCIATE MEMBER Registration

This form may be used in lieu of filling out section II of the 3-page Showcase Registration form **ONLY** by associate members that are:

1. Not exhibiting, or
2. Exhibiting, but is an additional representative

Registration fee: \$175

Please fax or e-mail registration form to PTA.

Name of Attendees	Dates Representative will attend				TOTAL	
	Entire Meeting	9/15		9/16		
		AM	PM	AM	PM	

* The Penn Stater will bill PTA on a per person basis and the charge is based on a half day or full day attendance. Therefore, if your company representatives are not attending the entire conference, please mark accordingly.

Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Please make check payable and mail to:

Pennsylvania Telephone Association
30 North Third Street, Suite 300, Harrisburg, PA 17101
E-mail: sue.carter@patel.org Phone: 717-238-8311 Fax: 717-238-5352
Website: www.patel.org

Credit Card: Visa _____ MC _____ Amex _____

Card Number: _____ Exp. Date: _____

Name on Card: _____

Billing Address if different from above: _____

Email Receipt to (if different from above): _____