



**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 or submit online.

Check here for each Attendee	Name of Attendees	Dates Representative will attend					Total
		10/1		10/2		10/3	
		AM	PM	AM	PM	AM Only	
<b>TOTAL DUE:</b>							

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**If paying by Visa or Mastercard, please fill out the information below.**

**If paying by check, make check payable and mail to:**

Pennsylvania Telephone Association, P.O. Box 1169, Harrisburg, PA 17108-1169

(Street Address: 30 North Third Street, Zip: 17101)

**E-mail:** [info@patel.org](mailto:info@patel.org) **Phone:** 717-238-8311 **Fax:** 717-238-5352

**Website:** [www.patel.org](http://www.patel.org)

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Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ (we do not accept American Express)

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

E-mail Receipt to (if different from above): \_\_\_\_\_