

**PASAE Professional Development Session, Networking Reception & Luncheon  
April 7, 2006 - Heritage Hills Golf Resort & Conference Center  
2700 Mount Rose Ave., York, PA - (717) 755-0123**

**8:30 AM Continental Breakfast - 9:00 AM Workshops - 11:30 AM Reception - 12:00 Noon Lunch**

ASSN/CO. \_\_\_\_\_

ATTENDEE NAME \_\_\_\_\_

ATTENDEE NAME \_\_\_\_\_

ATTENDEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Check if you wish to have your credit card receipt e-mailed to you \_\_\_\_\_

DO YOU HAVE ANY DIETARY/ACCESSIBILITY NEEDS? \_\_\_YES \_\_\_NO

LIST ATTENDEE'S NAME AND DESCRIBE \_\_\_\_\_

**PRICING**

**ALL PRICING IS PER PERSON**

	<b>MEMBER</b>	<b>NON-MEMBER</b>
<b>FULL CONFERENCE</b> (Continental Breakfast, Workshop, Lunch)	<b>\$55</b>	<b>\$70</b>
<b>MORNING SESSION</b> (Continental Breakfast and Workshop)	<b>\$40</b>	<b>\$45</b>
<b>LUNCH ONLY</b>	<b>\$30</b>	<b>\$40</b>
<b>TOTAL ENCLOSED</b>	_____	_____

**Please indicate the name of the workshop you will attend:**

- Golf Outing Experience**
- Team Building/Leadership in Your Organization**

**CHECK # \_\_\_\_\_ FOR \$ \_\_\_\_\_ ENCLOSED.**

\_\_\_VISA \_\_\_MASTERCARD ACCT # \_\_\_\_\_

EXP \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**MAIL REGISTRATION TO:  
777 EAST PARK DRIVE  
HARRISBURG, PA 17111**

**FAX TO:  
(717) 232-4550**

**FOR QUESTIONS CALL:  
(717) 232-4500**

Registration received less than 48 hours prior to the event add \$5.00. Payment received after the day of the event add \$5.00.

All cancellations must be received in writing. No refunds for cancellations received less than 48 hours prior to event.