



**NATIONAL ASSOCIATION FOR ADULTS  
WITH SPECIAL LEARNING NEEDS**

## WEBINAR REGISTRATION

**Please list Webinar Session(s), for which you are registering:**

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Title: \_\_\_\_\_

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Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

NAASLN Member? Yes \_\_\_ No \_\_\_

**Registration fee: Members: \$20/session Nonmembers: \$30/session**

### Payment Information

*(Please check and complete payment option)*

\_\_\_\_\_ Check Enclosed for \$ \_\_\_\_\_ Purchase Order # \_\_\_\_\_

\_\_\_\_\_ Visa / MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ 3-digit security code (found on the back of the credit card) \_\_\_\_\_

Visa/MasterCard Holder Name \_\_\_\_\_

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Authorized Signature \_\_\_\_\_

► Send Completed form to: NAASLN Member Services  
1143 Tidewater Court  
Westerville, OH 43082

► Fax Completed Purchase Order or Visa/MasterCard application to: (614) 392-1559.  
For registration questions or information: [naasln@kocmemberservices.com](mailto:naasln@kocmemberservices.com) or call  
toll-free **1-888-5NAASLN**.

► Once we have received your registration and fee, you will receive a confirmation and the conference codes you will use to participate in the webinar. We will also send you a reminder the week prior to the webinar.