

# AATP SEMINAR REGISTRATION FORM

You may DOWNLOAD this form and use it to register for ANY AATP seminar. Simply complete this form, download it and print it, and mail it to: AATP, P.O. Box 9138, Springfield, IL. 62791  
OR FAX it to: 217 787-6757, OR attach it as a file and e-mail it to the AATP at AATP@AOL.com.

DATE and TITLE of SEMINAR: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
(as you wish it to appear on your certificate of attendance)

ADDRESS: \_\_\_\_\_  
(your credit card billing address—include your zip code)

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

(The fee for a seminar pre-registration is \$135)

**The AATP accepts the following credit cards:  
Visa, MasterCard, Discover, and American Express.**

**Upon receipt of your registration, you will be mailed a registration confirmation letter and a receipt for your charge.**

**QUESTIONS??? Call the AATP at 217 787-9321**

**THANK YOU FOR YOUR REGISTRATION!!**