

Name for roster \_\_\_\_\_ Nickname for badge \_\_\_\_\_

Title \_\_\_\_\_ Newspaper/Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Attending Spouse/Guest Name \_\_\_\_\_

**REGISTRATION FEES**

Please check your registration category below. For cancellations received after April 30, registration fees cannot be refunded.

	By April 22	Starting April 23	TOTAL
<input type="checkbox"/> Conference Only			
<input type="checkbox"/> SNPA/SNA Member Delegate	\$395	\$495	\$ _____
<input type="checkbox"/> Member Spouse/Guest	\$75	\$75	\$ _____
<input type="checkbox"/> Non-member Conference Delegate	\$550	\$650	\$ _____
<input type="checkbox"/> Non-member Spouse/Guest	\$150	\$150	\$ _____
<b>Exhibiting Sponsors (includes tabletop exhibit)</b>			
<input type="checkbox"/> Associate Member Exhibiting Sponsor	\$675	\$775	\$ _____
<input type="checkbox"/> Member Exhibitor Spouse/Guest	\$75	\$75	\$ _____
<input type="checkbox"/> Non-member Vendor Exhibitor	\$875	\$975	\$ _____
<input type="checkbox"/> Additional Persons	\$395	\$495	\$ _____

**Total Amount Due** \$ \_\_\_\_\_

**HOTEL RESERVATIONS**  
Please call the Embassy Suites Atlanta - Buckhead at 800.362.2779 for your room reservations. Room rates are \$119, plus tax, for single or double rooms. Reserve your room by April 28! Rooms may not be available after that date.

**METHOD OF PAYMENT**

Check enclosed (make checks payable to SNPA)       AMEX       MasterCard       VISA

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder \_\_\_\_\_



Annual Sponsor

**REGISTER**  
FAX to: 404.252.9135

Mail to: **SNPA**  
3680 North Peachtree Road, Suite 300  
Atlanta, GA 30341