Registration Information:

First Name _____

Last Name _____

Suffix _____

Current Position:

_____

Address Type _____ Home _____ Business

Organization Name

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip_____

Country _____

Telephone:

(_____) _____ Ext. _____

Fax:

(_____) _____

Email _____

Annual Membership Dues - $50.00 ($25.00 for students)

Pay by check to NSPD or pay by credit card

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|_____

Credit Card #

|___|___|/|___|___|

Exp. Date

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