

EDUCATOR Registration Form

Exploring New Worlds Together

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Daytime phone where you can be reached _____

Fax _____ E-mail _____

I am a CAP Partner

I am not a CAP Partner, but would like more information about becoming one.

REGISTRATION FEES

Event Registration.....\$ 110

Banquet..... 45

TOTAL ENCLOSED FOR CHECK \$ _____

TOTAL CHARGE FOR CREDIT CARD \$ _____

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Card Number

Expiration Date

Signature

Card Holder (Please Print Name)

Telephone

Credit card users may fax this form to: HQ CAP/FM – (334)-953-4245 Make checks payable to: Civil Air Patrol/National Conference Mail checks and purchase orders to: National Conference, HQ CAP/FM, 105 South Hansell St., Bldg. 714, Maxwell AFB AL 36112


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National Conference on Aviation
and Space Education

**39th National Conference on
Aviation and Space Education**