A picture containing graphical user interface

Description automatically generatedALE**web**talk REGISTRATION AND PAYMENT

**Part 42 | Wednesday, Oct 6, 2021**

**$25.00 Per Registrant (Non-Member)**

Center Name:

\*Registrant’s Name:

\*Registrant’s Email:

\*Job Title:

Telephone: (     ) -

\* Required

**Payment by CREDIT / DEBIT CARD is authorized in the amount of $**

**VISA Credit / Debit Card**  **MASTERCARD Credit / Debit Card**  **DISCOVER Credit Card**

**American Express**

Card Number:

Expiration (Month & Year):       /       C V V Code

Cardholder’s Signature:

Name (as it appears on card):

Billing Zip:

*Questions?* Email [**pam@caads.org**](mailto:pam@caads.org)

SUBMIT YOUR COMPLETED FORM BY EMAIL ONLY TO:[**pam@caads.org**](mailto:pam@caads.org)