ALE**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**

SUBMIT YOUR COMPLETED FORM BY EMAIL ONLY TO:**pam@caads.org**