Registration

Please Print Clearly

	ALL FIELDS REQUIRED
Attendee Name: _	
Affiliation:	CHECIAL
AIIIIIauoii	CHOW O.
Address:	301 3110
	OFF
	\$250 or
Phone:	PATRATION
Email:	PEGIS
Registration Cou	urse Fee: for Spring, 2023 (Lunches are included in price)
	□\$2,550 General □\$2,000 State/Local/Tribal
	Payment Method:
☐ Check (payab	ole TERA, include Attendee Name in memo)
☐ Purchase	e Order (government agencies <u>only</u> email us for details)
☐ Credit Card:	□ Visa □ MasterCard
Card#	
Expiration date:	Security No
Name on card:	
Signature:	
O .	
billing radicess	
	or same as above
Please review TER	RA's cancellation and substitution policy at www.TERA.org
Then check:	I've read and understand TERA's cancellation policy
Email to: ayers@tera	n.org (secure, encrypted email), Fax to: 513-488-1990
or Mail to: TERA	
	nio Pike, STE 197
Cincinn	ati, Ohio 45102