

Registration

Please Print Clearly
ALL FIELDS REQUIRED

Attendee Name: _____

Affiliation: _____

Address: _____

Phone: _____

Email: _____

Registration Course Fee: for Spring 2025 (Lunches are included in price)

☐ \$2,300 General ☐ \$1,950 State/Local/Tribal

Payment Method:

☐ Check (payable TERA, include Attendee Name in memo)

☐ Purchase Order (government agencies only email us for details)

☐ Credit Card: ☐ Visa ☐ MasterCard

Card# _____

Expiration date: _____ Security No. _____

Name on card: _____

Signature: _____

Billing Address: _____

_____ ☐ or same as above

Please review TERA's cancellation and substitution policy at www.TERA.org

Then check: ☐ I've read and understand TERA's cancellation policy

Email to: ayers@tera.org (secure, encrypted email), **Fax to:** 513-488-1990

or Mail to: TERA

1250 Ohio Pike, STE 197

Cincinnati, Ohio 45102