

Registration

Please Print Clearly
ALL FIELDS REQUIRED

Attendee Name: _____

Affiliation: _____

Address: _____

Phone: _____

Email: _____

Registration Course Fee: for Spring, 2024 (Lunches are included in price)

\$2,750 General \$2,250 State/Local/Tribal

Late Registration Fee: If received after **April 5, 2024**

\$2,950 General \$2,450 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