



# American Payroll Association

Education Divisions — New York • San Antonio

## STATEWIDE MEETING REGISTRATION FORM

### REGISTRATION APPLICATION FOR:

Statewide Title: \_\_\_\_\_  
(Please indicate name of meeting/conference.)

Hosting Chapter(s): \_\_\_\_\_

Statewide Theme: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Conference Location (Hotel): \_\_\_\_\_

Participants Registered: \_\_\_\_\_ Maximum Number Anticipated: \_\_\_\_\_ Conference Cost: \_\_\_\_\_

**Would you like to request a speaker from APA's National Speaker's Bureau? Y/N**

**Please note:** If your statewide or chapter meeting is scheduled the week after National Payroll Week, please submit your speaker request form by late April/early May to help ensure speaker availability.

### CONFERENCE COORDINATOR:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ CPP or FPC? \_\_\_\_\_  
(This person will be listed as the contact for Conference information.)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Conference Web site: \_\_\_\_\_

### MAILING ADDRESS INFORMATION: (This address will be used to ship APA materials.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PLEASE LIST TWO ADDITIONAL CONTACTS:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

*Please fax this application to Chapter Relations at (210) 281-3976, or mail to American Payroll Association, Attn: Chapter Relations Department, 660 North Main Avenue, Suite 100, San Antonio, TX 78205-1217. Please feel free to call Chapter Relations at (210) 226-4600 with any questions.*