

MEMBERSHIP RENEWAL / CONFERENCE REGISTRATION FORM

Your Name: _____

Name of School or Organization

Mailing Address

City

State

Zip

Home Phone

Work Phone

E-mail Address

Does NAPCE have permission to post your E-mail address on the website? Yes No

Please send this form with the appropriate fees in U.S. funds payable to:

NAPCE

Dennis E. Williams SBTS

2825 Lexington Rd.

Louisville, KY 40280

Phone: (502) 649 3726

E-mail: mail@napce.org

- Full membership and Conference \$290.00 US funds
- Full membership only \$65.00 US funds
- Graduate Student Membership and Conference \$170.00 US funds
- Graduate Student Membership only \$35.00 US funds
- Schools registering 4 or more professors at a fee of \$290.00 may register **additional** professors from that school at the reduced rate of \$205.00
- Contribution to Scholarship Fund to assist members in attending _____

Special price reduction for full conference registration:

Schools registering 4 or more professors at the fee \$290 may register additional professors from that school at the reduced rate of \$205.00 each.

Please provide the school name: _____

Please provide the names of those
registering from the school (\$290.00)

Please provide the names of those
registering at the reduced rate (\$205.00)

