

2016 SAA Conference Registration

1. Registrant Information

Instrument(s) /interest area(s): 1. _____ 2. _____ Date _____

Name _____ Member# (opt.) _____

Address _____ Birthdate _____

City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Cell _____ Email _____

Category: Teacher (# yrs. teaching ___) College Student H.S. Student Parent Other
 First Time SAA Conference Attendee

2. Registration Information *You may also register and pay online!*

Note: Advance registrations will be accepted until 5/12/2016 (postmark date). After 5/12/2016, rates will increase and registrations will be on-site only. On-site registrations will begin on Thursday, May 26, at 3:00 PM.

	Early Registration (by 3/31/16)	Regular (4/1/16 - 5/12/16)
<input type="checkbox"/> Full Registration 4.5-day attendance, Thursday evening - Monday noon.		
Full Conference (SAA Current Members) (+) _____	\$260 US/CDN	\$285 US/CDN
Non-SAA Members (+) _____	\$300 US/CDN	\$325 US/CDN
Registered at Hilton (2+ nights), deduct (-) _____	\$20 US/CDN	\$20 US/CDN
Full-time college student, deduct (-) _____	\$30 US/CDN	\$30 US/CDN
<input type="checkbox"/> Single Day Registration (Specify which day below. For 2 or more days, choose Full Registration .)		
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday (+) _____	\$150 US/CDN	\$160 US/CDN
<i>Please note that event times overlap, and you might not be able to take certain events together.</i>		
<input type="checkbox"/> Every Child Can! * (+) _____	\$95 US/CDN	\$120 US/CDN
Thursday, May 26, 8:00 AM - 10:00 AM & continuing on Thursday, May 26, 3:00 PM - 7:00 PM. <i>*H.S. Students must be within 6 months of graduation.</i>		
<input type="checkbox"/> 13th International Research Symposium on Talent Education, featuring Dr. Ani Patel, Symposium keynote speaker		
Thursday, May 26, 2016, 3:00 PM - 7:00 PM & continuing (+) _____	\$65 US/CDN	\$65 US/CDN
Friday, May 27, 8:30 AM - 12:30 PM College students (+) _____	\$30 US/CDN	\$30 US/CDN
<input type="checkbox"/> Consider including a donation to help support the SAA. U.S. Tax - Exempt (+) _____		
<input type="checkbox"/> Yes, I am willing to help with preparations and/or events during the Conference. \$ _____		
		TOTAL

3. Payment Information

Check Money Order Visa MasterCard

Card # _____ Name on card _____

Expiration Date _____ Card Billing Address _____

4. Registration Submission

Mail: SAA; PO Box 17310; Boulder, CO 80308

Fax: 303.444.0984 Phone: 888.3SUZUKI

Web: <https://suzukiassociation.org/conference2016/>

Questions? Call the SAA at 1-888-3SUZUKI or email conference@suzukiassociation.org