

# REGISTRATION FORM

www.RAPSA.org

**Please Print**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School /Organization: \_\_\_\_\_ School District: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website URL: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Which address to use:  School/Organization  Home

How did you hear about us?  Colleague  www.rapsa.org  Search Engine  RAPSA Email  SIATech Email

Twitter  Facebook  Other \_\_\_\_\_

**MAIL OR FAX TO:**

RAPSA / Eileen Holmes  
info@rapsa.org

2611 Temple Heights Dr.  
Ste. A  
Oceanside, CA 92056  
Ph: 800.871.7482  
Fax: 760.631.7650

*Payment Information:*

Please choose one of the following payment methods:

Make check payable to: RAPSA

Check

Visa

Master Card

Print Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV#: \_\_\_\_\_

Name & Billing Address (If different from above): \_\_\_\_\_

Signature: \_\_\_\_\_

Questions about payment? Contact Joanne Motz 760.594.4866 or joanne@rapsa.org

