



OCTOBER 26-27 | BEST WESTERN OSHKOSH

Attendee Registration2022 DSPN Conference

Organization _____

Please provide the following:

Billing Contact (if different)		-		
Billing Address				
City	State Zip			
E-mail				
Additional Attendee(s) and em	ail(s) for event communication:			
Name	Email	Email		
Name	Email	_		
Name	Email			
2022 DSPN Confere Current DSPN Member: Non-Member:	nce Fees: Early Bird Rate before 09/26/22 - \$280 After 09/26/22 - \$320 Early Bird Rate before 09/26/22- \$325 After 09/26/22 - \$365			
One day registration only:				
Total Registration Fees:	\$			
Payment Informatio	n:			
☐ My check payable to DSPN is €☐ AMEX☐ Discover	enclosed MasterCard UISA			

Name ______ Title _____

Card #			
Expiration Date		CVV	Billing Zip Code
Card Holder Name if Diffe	ent		
Signature			
A 4% service fee will be adde	d to credit card charge		
Make check payable to: your receipt.)	Disability Service Provice	der Network (Unless	otherwise requested, your canceled check will be
To register by mail:	Disability Service P 16 N. Carroll St., S Madison, WI 53703	te. 300	

Return to Kathy Meisner at kmeisner@dspn.org

Send registration form with payment

Registration for the full conference includes all sessions, including Keynote, exhibits, reception and meals on October 26th and 27th. Refund policy is available on DSPN Conference homepage.

If you require a reasonable accommodation in order to participate in this event, please contact Kathy Meisner to request the accommodation at 608-220-3598 / kmeisner@dspn.org by October 3, 2022