



2025 DSPN Conference Attendee Registration

Name ______ Title _____

Please provide the following:

| Organization | | | | |
|--|--|---------------|---|--|
| Billing Contact (if different) | | | | |
| Billing Address | | | | |
| City | | State | Zip | |
| E-mail | | | | |
| Additional Attendee(s) and email(| s) for event communicat | tion: | | |
| Name | | Email | | |
| Name | | | | |
| Name | | Email | | |
| 2025 DSPN Conference Current DSPN Member: | | re 09/08/25 - | \$295 After 09/08/25 - \$335 | |
| Non-Member: | Early Bird Rate before 09/08/25 - \$345 After 09/08/25 - \$385 | | | |
| One day only: Please contact us support@dspn.c Total Registration Fees: | Member Rate - \$195 | Non-Member | · | |
| Payment Information: | _ | | | |
| ☐ My check payable to DSPN is encl☐ AMEX☐ Discover | osed MasterCard US | SA | | |

| Card # | | | |
|--|--|-------------------------|--|
| Expiration Date | | CVV | Billing Zip Code |
| Card Holder Name if Differ | ent | | |
| Signature | | | |
| A 4% service fee will be add | ed to credit card paym | nents | |
| Make check payable to will be your receipt.) | : Disability Service P | rovider Networl | k (Unless otherwise requested, your canceled check |
| To register by mail: | Disability Servi 2418 Crossroad Madison, WI 5 Send registration f | ds Drive, Suite 3718 | 1600 |

If you require a reasonable accommodation in order to participate in this event, please contact Kathy Meisner at 608-220-3598 / kmeisner@dspn.org by 09/24/25

Registration for the full conference includes all sessions, including Keynote, exhibits, reception, and meals on October I & 2.

Refund policy is available on DSPN Conference homepage.