



ATSA®
Making Society Safer

CONFERENCE/TRAINING POSTING FORM

Contact: _____

Agency: _____

Address: _____

City _____ State _____ Zip _____

Agency Phone: _____ Fax: _____

E-mail: _____

Post on Web: _____

Date to be Posted—Start _____ Date to Remove Posting—End _____

List Training or Web Link: _____

Must provide start/end date(s) or announcement will not be posted. Agency is responsible for tracking end-date. Agency is also responsible for contacting ATSA to extend end-date. Once ATSA receives the payment and conference listing, it will take approximately one week to process. Please adjust the start date to reflect that process.

To ensure proper processing of the conference posting, please include the following:

- E-mail Kelly McGrath: kelly@atsa.com the conference or training posting as attachment in Word, PDF or text file. PDFs of the Conference/Training registration brochure or program are encouraged.
- Complete this form and fax/email/mail to Kelly McGrath at the ATSA office with a **\$200.00** payment per each Conference/Training posting.
- Each Conference/Training posting is considered an individual posting and will be charged accordingly.

Payments must be made by check, money order or accepted credit card (sorry, no Purchase Orders).

Method of Payment: Visa | MasterCard OR Check (payable to ATSA, Inc.)
 AMEX | Discover

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CREDIT CARD NUMBER EXPIRATION DATE

SECURITY CODE: last 3 digits on back of card, or 4 digits on front of card if using AMEX _____

BILLING ADDRESS: _____
(credit card users only)

TOTAL AMOUNT TO CHARGE: \$ _____

Authorized card holder name

Authorized card holder signature

****please remit copy of this order with payment****