



Mail-In Registration Form – 2018 Annual Spring Meeting

Saturday, March 24, 2018, 7:00a – 3:30p (*Onsite registration and breakfast begins at 7am*).

Pennsylvania College of Health Sciences, 850 Greenfield Rd., Lancaster, PA 17601

Go to pa.ast.org to view brochure.

Please mail this form no later than Friday, March 16. Thank You!

Registration Fees: \$ 25.00 - Student Surgical Technologists
 \$ 50.00 - AST Members (advanced payment only)
 \$ 55.00 - AST Members (at-door payment)
 \$ 60.00 - All Others

Do not send cash! Make check or money order payable to the **PA-AST**.

Send to: PA-AST Secretary
 Gary J. Gower, CST/CSFA
 PO Box 3051
 Williamsport, PA 17701

Refunds will not be issued. If registrant does not attend, the fee will be considered a donation to the PA-AST and will be used to fund legislation efforts. Please retain a copy of this form for your records.

NAME: _____

- Student Surgical Technologist (*please bring your Student ID for verification*)
 ST
 CST CSFA
 Other, please specify: _____

Are you a member of the AST? Yes, my membership number is: _____ No, I am not a member of the AST.

Are you certified by the NBSTSA? Yes, my certification number is: _____ No, I am not certified by the NBSTSA.

AST members, please bring your AST Membership Card with you as it will serve as your name badge during the event.

CONTACT INFORMATION:

Street Address

City State Zip

Email Address

Evening Phone Number

Employer / School Name

For information on this event please contact: **Howard Coverdale**: email: hcoverdale2@pacollege.edu or call **717-947-6124**

Hotel Information: [Hampton Inn Lancaster](#), 545 Greenfield Rd., Lancaster, PA 17601, **717-299-1200**. When booking reservation, please mention corporate code **0003150004 – event at PA College of Health Science** to receive the rate of **\$125** per night.