



2017 SESAF Leadership Academy

REGISTRATION FORM

July 26-28, 2017

Withlacoochee Training Center - Brooksville, Florida

Registration includes lodging, two breakfasts, one lunch, two dinners, breaks, and all materials.

Name: _____ SAF Chapter: _____

Address: _____ City/ST/Zip: _____

Email: _____ Day Phone: _____

_____ \$140/person: SAF Member Registration by July 5

_____ \$215/person: Non-SAF Member Registration by July 5

_____ \$ 35/person: Late Fee after July 5

_____ \$ 50/person: Student Registration by July 5

_____ \$ 60/person: Student Registration after July 5

_____ **TOTAL**

Note: Non-members may apply the \$75 difference towards SAF membership if desired.

Will you arrive Wednesday by 5:15 p.m. in time for supper? _____ YES _____ NO

Please list any special dietary needs: _____

METHOD OF PAYMENT

_____ **Check** (enclosed) Made payable to *SESAF*

_____ **Credit Card** _____ Visa _____ MasterCard _____ Discover _____ AMEX

Card Number: _____ Expiration Date: _____

_____ **Paypal** (online at www.sesaf.org)

Please return completed registration form to:

SESAF Business Manager, 829 Georgia Hwy 57, Gordon, GA 31031 or
fax form with credit card information to 877.775.4684.

Contact SESAF Business Office at sesafbusmgr@windstream.net or 478.628.5786 with questions.