

2011 Nationwide Seminars

Registration Form

Name _____ PSA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I am a current PSA Member
Note: Membership Renewal forms must be received at the PSA Office at least one week prior to the seminar date.

U.S. Figure Skating Judge No. _____
(if applicable)

I will be attending the following seminar

- | | |
|--|---|
| <input type="radio"/> Shaker Heights, OH
8/27 | <input type="radio"/> Orleans, MA
9/17 |
| <input type="radio"/> Rochester, NY
8/28 | <input type="radio"/> Troy, MI
9/18 |
| <input type="radio"/> Bethlehem, PA
8/28 | <input type="radio"/> Coral Springs, FL
9/25 |
| <input type="radio"/> Lakewood, CA
8/28 | <input type="radio"/> Oklahoma City, OK
9/25 |
| <input type="radio"/> Seattle, WA
9/10 | <input type="radio"/> Bloomington, MN
9/25 |
| <input type="radio"/> Denver, CO
9/11 | <input type="radio"/> Raleigh, NC
10/8 |
| <input type="radio"/> Morristown, NJ
9/11 | <input type="radio"/> San Francisco, CA
10/9 |
| <input type="radio"/> Burlington, VT
9/17 | <input type="radio"/> Cedar Rapids, IA
11/6 |

Payment

_____ \$55 PSA Member/ *Note: You must be a current PSA member to qualify for the PSA member fee of \$55.*

_____ \$100 Non-member

_____ \$15 Late Fee
(applies to 14 days prior to the seminar)

Total

U.S. Figure Skating Judges no charge

MasterCard, VISA, Discover

_____ Exp. Date _____

Cancellation Policy

Requests for cancellation MUST be made in writing AND RECEIVED in the PSA Office 30 days in advance of the seminar. A non-refundable administration fee of 25% will be retained. NO transfers of seminar registrations and NO refunds for cancellations or "no shows" will be made after this date. The only exceptions will be a major medical problem affecting the registrant and confirmed in writing by a licensed physician or a death in the immediate family occurring during the scheduled seminar dates, in which case the PSA Office must RECEIVE NOTIFICATION in writing within two weeks following the seminar. NO requests will be honored after two weeks. If approved, a credit in the amount of the current seminar registration fee will be applied to any other PSA educational event within 12 months of the date of the seminar. Refunds or credits will be issued to the affected registrant ONLY and are NON-TRANSFERABLE.

I, the undersigned, understand and agree to the above cancellation policy.

signature

There will be a \$25 charge on all returned checks or invalid credit card numbers.

Make checks payable to PSA

Return form to:

PSA Office
3006 Allegro Park SW
Rochester, MN 55902

