

**Alabama Association of School Office Personnel
ANNUAL WORKSHOP
The Hyatt Wynfrey Hotel, Birmingham, AL
June 12-13, 2017**

PLEASE TYPE

Name: _____	Telephone No. (W) - () _____
Address: _____	Telephone No. (H) - () _____
City/State/Zip: _____	AASOP District Number _____
E Mail Address: _____	Fax No. _____
System Name: _____	School Name: _____
Is this your first AASOP Workshop?	Yes _____ No _____

\$175.00 Pre-Registration \$200.00 On-site Registration

****Up to 6 hours credit earned toward AASBO CPE LSFM***

No **purchase order** will be accepted without a **check** accompanying the registration form. To pre-register for this workshop, please return this form by **May 26, 2017** with a check made payable to **AASOP (Alabama Association of School Office Personnel)**, in the amount of **\$175.00**.

Mail the form and check to:

**Ann Jackson
Demopolis City Schools
P.O. Drawer 759
Demopolis, AL 36732**

For additional forms, go to our website at www.aasop.net, email Ann Jackson at ajackson@dcsedu.com or contact your district board member. There will be a **\$10.00 processing fee for cancellations** made two weeks before the meeting. Please reserve your hotel room today at the Hyatt Regency Wynfrey Hotel, (800) 996-3739/or go to <http://aws.passkey.com/go/AASOPJune2017> , (available through **May 8, 2017**).

****NO REFUNDS will be made after May 26, 2017****

_____ I will be unable to attend the workshop but would like to continue membership by enclosing dues in the amount of **\$50.00**.

PLEASE DO NOT WRITE BELOW THIS LINE

Amount Received \$ _____	Date Deposited: _____
Date Received: _____	Batch: _____
<u>Method of Payment</u>	
Member _____	Check _____ Cash _____
School _____	System _____