



PASSA 2019 Fall Conference October 8-9, 2019

Spooky Nook Sports
Warehouse Hotel at the Nook
75 Champ Blvd.
Manheim, PA 17545

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Attendees:

1. _____

2. _____

3. _____

4. _____

5. _____

PASSA Members - \$95 each = \$ _____

Non-members - \$145 each (\$50 towards PASSA membership thru 2020) = \$ _____

TOTAL = \$ _____

Credit Card: MasterCard Visa Amex or Check Enclosed

Credit Card #: _____ CVV#: _____ Exp Date: _____

Name on Card (Print): _____

Authorized Signature: _____

Pennsylvania SSA
1901 N Beauregard Street, Suite 106
Alexandria, VA 22311
Fax: 703-575-8901 Ph: 703-575-8000 x122
Email: PASSAExecDir@selfstorage.org
Website: www.paselfstorage.org

Payment & Cancellation Policy: All registrations must include full payment. PASSA does not bill for payment or accept partial payments. Requests must be made in writing to the PASSA. Requests received by September 24, 2019 will receive a partial refund, less a \$50 cancellation fee. After September 24th, PASSA will not issue any refunds, even if you are unable to attend the event. Attendees may be substituted for a registrant without an additional charge. PASSA must be notified in writing of any substitutions at least seven days prior to the event.

Sharing Contact Information: By registering for this event, you consent to PASSA sharing your contact information (e.g., attendee name and title, business name, physical and email addresses, and telephone number) with exhibitors, sponsors, and board members. You further consent to receiving communications from exhibitors, sponsors, and board members.