



## **Spotlight Speaker Registration Form**

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **PRESENTATION MONTH** (Please indicate top 2 choices)

March                       September

April                         November

May

### **SPEAKER TYPE**

Member - \$150.00

Non-Member - \$250.00

### **METHOD OF PAYMENT** (Select One)

Credit Card

Check

Payable to: Arizona Self-Insurers Association  
4300 N. Miller Rd. #141, Scottsdale, AZ 85251

Please enter total payment amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on credit card \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Form may be faxed to 480-990-1889 or emailed to [asia@azselfinsurers.org](mailto:asia@azselfinsurers.org)