

**SATRO® 23**  
April 28-29, 2022  
A Virtual Experience



**Conference Registration Form**

Please Print. Additional registrants may be included on a separate sheet.  
Complete contact information is important for each registrant, including an email address.

The 2022 registration fee is **\$195.00** for each registrant.

A full refund, less a \$50.00 processing fee per person, will be made for cancellations received by 5 p.m. on April 1, 2022.  
No refund requests received by us after that date will be honored. However, upon notification up to 72 hours prior to the conference substitutions will be allowed at no additional charge if the registrant is employed by the same company. No other substitutions will be allowed for cancellations. Pre-registration is required, and your webinar sign-in e-mail address should be provided below, to validate requests for continuing education credits.

Registrants:

1.) NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

2.) NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

3.) NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

REGISTRATION FEES	
<b>1st Registrant:</b> Fee: \$195.00	Total: \$ _____
<b>2nd Registrant:</b> Fee: \$195	Total: \$ _____
<b>3rd Registrant:</b> Fee: \$195	Total: \$ _____
(For additional registrants, use a second form)	
<b>Total Registration Fees: \$ _____</b>	

COMPANY INFORMATION FOR ALL REGISTRANTS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Method:**

**Check:** Make your check payable to SATRO® and mail it to the address listed below.

**Credit Card:** scan and e-mail payment to: [mysatro@aol.com](mailto:mysatro@aol.com), or scan and e-mail your form without the card number and CVV and leave that information in a voice mail at the phone number listed below.

**CREDIT CARD:**    \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover (**AMEX is not currently an option**)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

RECEIPTS WILL BE SENT TO THE REGISTRANT'S E-MAIL  
FOLLOWING COMPLETION OF THE REGISTRATION PROCESS.  
PLEASE CONTACT US IF YOU NEED A RECEIPT SOONER THAN  
TEN (10) BUSINESS DAYS FOLLOWING REGISTRATION.

SATRO®.  
P.O. Box 953817  
Lake Mary, FL 32795  
Phone: (877) 559-4548

Tax ID 56-2133609