



Total Membership Dues: \$ \_\_\_\_\_

Total Meeting Registration Fees: \$ \_\_\_\_\_

Total Pre-Conference Workshop Fees: \$ \_\_\_\_\_

**Grand Total:** \$ \_\_\_\_\_

**Method of Payment (For Visa/MasterCard complete the additional information below\*)**

Check U.S.\$ \_\_\_\_\_ Visa\* \_\_\_\_\_ MasterCard\* \_\_\_\_\_  
(Make check or money order payable to NARST)

**Credit Card information:**

Credit card type ( <i>circle one</i> ):	Visa _____	MasterCard _____
Names as it appears on the credit card _____		
Account number _____	Expiration date _____	
Signature: _____		