

POY08 EVENT REGISTRATION FORM

Reservations due Wednesday, September 3rd

Name of Organization: _____

Primary Contact: _____

Phone: _____

Email : _____

Number of Guests: _____ X \$30 = \$ _____

Number of Tables to reserve **10**
to a table cost of \$300.00: # _____ Table (s) X \$300= \$ _____

We will sponsor one or more
North Alabama
HATS STEDTRAIN Seed K-12
Teachers (Seed Grant
Recipients): # _____ Teachers X \$30 = \$ _____

Total Amount of Check: \$ _____

Please Mail Checks, Payable to HATS, *for receipt by* September 3rd to:

HATS
P.O. Box 1964
Huntsville, AL 35807

We truly appreciate your participation and look forward to visiting with you at the POY event.

On behalf of all the HATS Directors and Officers, we thank you for your continued support.

Best Regards,

Brian Nothnagle
HATS Director At-Large- Special Projects
Chair, HATS POY 2008
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poy@hats.org and b.nothnagle@mchsi.com