CHECK PAYMENT | REGISTRATION FORM

Complete this form for CHECK PAYMENTS ONLY.
Once your registration form is received you will be contacted by accountsreceivable@usaretirement.org to complete your registration online.

STEP 1 Registrant Information
Please register only one person per form. All fields are required - please type or print legibly.

First Name: ________________________________________________________________

Last Name: ________________________________________________________________

Company: _________________________________________________________________

Email: _________________________________________________________________

STEP 2 Payment and Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Early Bird Price</th>
<th>Regular Price</th>
<th>On-site Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(valid until 03/20/20)</td>
<td>(valid 03/21/20—04/17/20)</td>
<td>(valid after 04/18/20)</td>
</tr>
<tr>
<td>Member</td>
<td>$800</td>
<td>$900</td>
<td>$1,000</td>
</tr>
<tr>
<td>Non-member</td>
<td>$900</td>
<td>$1,000</td>
<td>$1,100</td>
</tr>
</tbody>
</table>

TOTAL DUE: _______________________________________________________________

Mail this registration form and check payment to:

ASPPA
PO Box 34725
Alexandria, VA 22334-0725

ASPPA
4401 N Fairfax Dr Ste 600
Arlington, VA 22203

For express deliveries (FEDEX, DHL, etc.)