

GROUP REGISTRATION FORM



ASPPA
ANNUAL

BOLD
SINCE
66

Name:

Title:

Address:

Email:

Company:

Phone:

Signature:

PREFERRED METHOD OF PAYMENT

Electronic Transfer

Please complete and return **this form** in addition to your Group Registration Form.

Check by Mail

Please mail this completed form and payment to NAPA, P.O. Box 34725, Alexandria, VA 22334. Payments by check must be received by **September 25, 2026** to ensure adequate processing time.

Credit Card

For credit card payments, a separate online invoice (payable by a credit card) will be emailed to you from Accounts Receivable.

PAYMENT CONTACT

Please provide the contact information for the individual responsible for payment, if other than the contact above.

Name:

Email:

Phone:

Please list all individuals below whom you would like to include in a group registration.

Forms should be submitted to:

accountsreceivable@usaretirement.org

REGISTRATION RATES

EARLY BIRD
valid until 8/21/26

REGULAR
valid until 10/2/26

ONSITE
valid after 10/2/26

Member	\$1,290	\$1,540	\$1,840
Group Discount*	\$1,190	N/A	N/A
Non-member	\$1,650	\$1,880	\$2,180
TPA Growth ONLY (ASPPA Members)	\$540	\$840	N/A

*Group discount rate applies to firms sending 5 or more paid full conference attendees. All registrations must be completed at the same time using this form and this form must be submitted before the early bird registration deadline for the group discount to apply.

GROUP REGISTRATION

Name:

Company:

Title:

Email:

GROUP REGISTRATION

(CONTINUED)

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email:

Name:

Company:

Title:

Email: