



AMERICAN WOMEN'S SELF-DEFENSE ASSOCIATION

2019 Training Summit - Registration Form

WHAT: The AWSDA Training Summit is in Des Plaines, Illinois!

WHEN: September 19 to September 22, 2019

WHERE: Training and Lodging at Comfort Inn O'Hare Convention Centre. 2175 E Touhy Ave, Des Plaines IL 60018. Room registration by contacting Vishal Gosai directly at 847.553.4607 or Email: vishal@comfortinnohare.com to get the group room rate. O'Hare shuttle available.

COST: See chart below – sign up early and save!

Full Name: _____ Date of Birth: _____
Sex : _____ (Males applying for membership **must** submit a brief resume and letter of intent explaining reasons for membership. Your application will not be processed without it).
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Fax Number: _____ E-mail address (internal use only): _____

REGISTRATION FEES FOR FOUR DAY PACKAGE

Registration fee by Aug 19: \$200 Registration fee after Aug 19: \$300

INDIVIDUAL DAILY PRICING

RAAP Instructor Training, *Must be an AWSDA member (app below)	Thursday, Sep 19, 5PM – 9PM Friday, Sep 20, 9AM – 6PM	\$150.00
All Day Self Defense Courses	Saturday, Sep 21, 9AM – 6PM	\$100.00
AWSDA Dinner Buffet/Social	Saturday, Sep 21, 6:30PM	INCLUDED!!
Half Day Self Defense Courses	Sunday, Sep 22, 8AM – 12PM	\$50.00

I am registering for:

_____ 9/19 and 9/20 AWSDA RAAP Instructor Certification Course \$150
_____ 9/21 All Day Self Defense Training \$100
_____ 9/21 AWSDA Dinner Buffet and Socializing \$ FREE
_____ 9/22 Half Day Self Defense Training \$ 50

TOTAL INCLUDED FOR TRAINING: \$ _____

Membership Application (Fill out if new or re-applying member)

- My membership is current – proceed to next section
- I am not currently a member and need to apply for membership.
- My membership is more than 60 days past expiration and I need to reapply.
 - 1 year - \$45
 - 2 years - \$75
 - 3 years - \$90

My purpose for joining AWSDA is: _____

Expertise, experience, or related trainings: _____

Additional comments: _____

I heard about AWSDA through: _____

REGISTRATION TOTALS

Training Summit Total	\$
Membership Total	\$
Grand Total Enclosed	\$

Payment Options:

- Check or money order enclosed
- Quickpay to: awsda.info@gmail.com
- Please charge my credit card:

Card number _____ Expiration _____

Signature _____

Return Application to:
AWSDA
P.O. Box 862
Plainfield, IL 60544
E-Mail: awsda.info@gmail.com