

# **“The Heart of Sacramento”**



**National Association of Activity Professionals' 3<sup>rd</sup> Education Summit**

**Featured Speakers include:**

- ❖ **Betsy Best-Martini, MS, CTRS**
- ❖ **Michele Nolta, CTRS & Bonnie Jacobs, CTRS**
- ❖ **NAAP Board Members**

**Tuesday, November 18, 2014**

**8:00 AM – 6:30 PM**

**Registration and Check-In begins at 7:30 AM**

**9.0 CEs (9 clock hours) for the low price of \$125**

**NAAP has applied for pre-Approval for the Education Summit from NAAPCC & NCCAP**

**Buffet Lunch is available at a cost of \$15 to all Education Summit attendees**

***Holiday Inn Capitol Plaza***

***300 J Street, Sacramento, CA 95814***

**916-446-0100 (Call hotel directly for reservations & tell them you are with NAAP for special rate)**

**The Holiday Inn Capitol Plaza is seconds from downtown Sacramento & the Westfield Plaza. The hotel is walking distance from the California State Military Museum and Railroad Museum.**

**To register early and gather more details and information, please visit the official NAAP website:**

**[www.naap.info](http://www.naap.info)**

The National Association of Activity Professionals' 3<sup>rd</sup> Annual Education Summit:

## ***The Heart of Sacramento***

The Opening Keynote Session is 120 minutes in length. All other sessions are 60 minutes in length. Recreation/Activity Professionals will be awarded one (1) Contact Hour of Continuing Education for each session attended for a total of 9.0 Contact Hours of Continuing Education upon completion of the entire Education Summit. Opening Session begins promptly at 8:00 AM on Tuesday, November 18. A Buffet Lunch will be served for an additional cost of \$15.

To register, please complete the following information and mail with payment to the NAAP Office:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Make check (\$140 with Buffet Lunch; \$125 without) payable to: NAAP, PO Box 3216, Shawnee, KS 66203-0215

NAAP also accepts Visa, MasterCard, Discover, and American Express:

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_