



Specialty Tea
Institute

SCA 2018 STI TEA CERTIFICATION SEMINARS
STI Tea Certification Courses ~ Levels 1, 2 3 Oolong & 3 Cupping
Washington State Convention Center
800 Convention Place, Seattle, WA
April 18th-19th, 2018

ATTENDEE REGISTRATION FORM

You may submit your registration any one of the following ways:

1. **Via Email:** ekaraboitis@teausa.org
2. **Via Postal Mail:** After completing the below requested information, print this form and mail it to:
Tea Association of the USA, **362 Fifth Avenue, Suite #1002, New York, NY 10001**

Name		Position	
Tel		Fax	Email
Company			
Address			City
State	Zip	Country	
Additional Registrants:			

FEES:	STI MEMBER RATES	NON-STI MEMBER RATES
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*Must Be a Current 2018 STI Member to Register for STI Rate or Apply To Be a Member to Receive Discount!	
<input type="checkbox"/> Level One \$400 per person	<input type="checkbox"/> Level One \$500 per person
<input type="checkbox"/> Level Two \$400 per person	<input type="checkbox"/> Level Two \$500 per person
<input type="checkbox"/> Level One & Two \$675 per person (2 Days)	<input type="checkbox"/> Level One and Two \$875per person (2 Days)
<input type="checkbox"/> Level Three Oolong \$425 per person	<input type="checkbox"/> Level Three Oolong \$525 per person
<input type="checkbox"/> Level Three Cupping \$425 per person	<input type="checkbox"/> Level Three Cupping \$525 per person
*All Students Must have successfully completed Levels 1 & 2 to take Level 3 Classes!	

PAYMENT INFORMATION:		STI Member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Total Payment:	US \$	Payment Type:	<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Credit Card
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	
Credit Card #:		Exp Date:	Month	Year

CVV Number:		Enter the 3 to 4 digit code located on the back signature strip of your credit card. For AMEX, the CVV number is located on the front right, above card number.
Billing Address of Credit Card if different than address above:		
Name: _____		
Address: _____		
City, State, Zip: _____		
Telephone #: _____		

IF PAYING BY CHECK, PLEASE MAKE CHECK PAYABLE TO: TEA ASSOCIATION OF THE USA

How did you hear about this event (please circle): Our website/SCA/ Other (please specify) _____

SEMINAR INFORMATION

Foundations of Tea: Level One:

Wednesday, April 18th, 8:00– 5:00PM

Foundations of Tea: Level Two:

Thursday, April 19th, 8:00– 5:00PM

Level 3: Cupping:

Wednesday, April 18th, 8:00– 5:00PM

Level 3: Oolong Teas:

Thursday, April 19th, 8:00– 5:00PM

Please visit <http://www.scaaevent.org/> for additional information on the SCAA Show and Travel/Hotel Accommodations.

SPECIALTY TEA INSTITUTE

362 Fifth Avenue, Suite #1002, New York, NY 10001

Tel: 212-986-0250 / www.teausa.org

Registration Information: Ellainy Karaboitis ~ ekaraboitis@teausa.org