

## **REGISTRATION FORM**

Organization				Email
Address	City	State		Zip
Attendee Name				Shirt Size
Attendee Name				Shirt Size
Individual: \$450		Cou	ple: \$550	
FORM OF PAYMENT				
Total Amount Enclosed: \$		☐ Check	☐ Credit Card	
Name of Credit Card				Credit Card Type
Credit Card Number	Expiration Date			CVC
Billing Address	City	State	e	Zip
Signature				Date

Please send completed form to Miki Martin at miki@fairsnet.org