

Last Name _____ First _____ Registration# _____



CONFERENCE REGISTRATION

Please type or print in black ink! Complete and return **NOW** to
 Letterforum, 5513 Lincoln Street, Bethesda, MD 20817

Address _____

City _____ State _____ Zip code _____

Day Phone _____ Eve. Phone _____ Cell phone _____

Email _____ Fax _____

Primary Society _____

Emergency Contact _____ Relationship to you _____

Day Phone _____ Eve. Phone _____ Cell phone _____

Health concerns we should be aware of in case of emergency _____

_____ I have attended previous conferences. How many? _____

_____ I am interested in volunteering at the conference:

Gallery Sitter Scribe Store Classroom Monitor Wherever Needed Other _____

_____ I would like to sit at the Scribe Store or know someone who does _____

_____ I would like to participate in the Commercial Trade Show or know someone who does _____

_____ I would like to make an Item or Info donation to the Scribe Sampler (gift bag) _____

CLASS REGISTRATION

Place the class code and instructor's last name for your 1st Choice Sunday-Tuesday class in the first space. Go on to the 1st Choice Wednesday-Friday space and indicate your choice. If your first choice is a Sunday-Friday class, then put the proper information in both slots of the 1st Choice row. The 2nd and 3rd Choice rows are to be filled in the same manner.

<i>All spaces should be filled!</i>	Sunday/Monday/Tuesday		Wednesday/Thursday/Friday	
	<i>Code</i>	<i>Instructor</i>	<i>Code</i>	<i>Instructor</i>
<i>1st Choice</i>				
<i>2nd Choice</i>				
<i>3rd Choice</i>				

I WOULD LIKE A **TUTORIAL** SESSION WITH _____

At \$25 per 25-minute session, payable to instructor. (See Tutorials Request form, catalog for participating instructors.)

NAME BADGE

Please print clearly the information you wish to appear on your name badge.

NAME _____ CITY/STATE OR COUNTRY _____

IMPORTANT: We recommend that you photocopy all forms for your records. Complete and return originals by the dates indicated.
 All forms received by April 3 will be processed by registration number at that time.
 Forms received after April 3 will be processed according to postmark date.

REFUND POLICY: Written cancellation by May 15, 2006 and receive all but \$100, or by June 30 and receive all but \$250.
 No refunds after July 1, 2006.

PLEASE PHOTOCOPY FOR YOUR RECORDS AND RETURN ORIGINAL **IMMEDIATELY!**