



ANNUAL MEETING & MEMBERSHIP CONFERENCE

Petersburg, Alaska
September 14-16, 2010



REGISTRATION

LAST NAME: _____ FIRST NAME: _____

MEMBER ORGANIZATION: _____ TITLE: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

Please fill out one (1) registration form per person attending.



SEPTEMBER 15th

Will you be attending the Membership Banquet and Scholarship Auction? **Yes or No**



TICKETS

Early Bird Special- **Member: \$255**
Received by Aug 15th **Non-Member: \$285** \$ _____

Late/On-site Registration **Member \$305**
Non-Member \$320 \$ _____

Banquet Only **\$65** \$ _____

TOTAL: \$ _____



PAYMENT

⇒ Credit Card Number: _____

Exp. Date _____ DID _____ Statement Zip Code: _____

Authorized Signature _____

⇒ Mail Check & Form: Southeast Conference, PO Box 21989, Juneau, AK 99802

⇒ Email: sara@seconference.org ⇒ Fax: (907) 463-5670

Note: A full refund will be given for cancellations requested by August 15, 2009. After August 15th, there will be a \$50 cancellation charge. Southeast Conference will not be responsible for cancellations due to weather. Receipts will be mailed to the address on this form. Call for daily rates.

SELECT PAYMENT:

Check

Credit Card

Invoice

Cash

P.O. Box 21989, 612 W. Willoughby Ave. Suite B
(907) 523-4350 (907) 463-5670 fax
Info@seconference.org