



## CONFERENCE REGISTRATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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



**BANQUET** Will you be attending the Membership Banquet & Scholarship Auction? **YES** **NO**  
 Do you want to donate an item to scholarship auction? **YES** **NO**



<b>EARLY REGISTRATION</b>	<b>Member</b>	<b>\$300</b>	
Received before August 15 <sup>th</sup>	<b>Non-Member</b>	<b>\$350</b>	\$ _____
<b>Registration after August 15</b>	<b>Member</b>	<b>\$350</b>	
	<b>Non-Member</b>	<b>\$395</b>	\$ _____
<b>Single Day</b> - indicate day		<b>\$150</b>	\$ _____
One (1) banquet ticket is <u>included</u> with registration	<b>Additional Ticket</b>	<b>\$65</b>	\$ _____
			<b>TOTAL \$</b> _____



## PAYMENT

**Authorized Signature** \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCID# \_\_\_\_\_ Statement Zip Code \_\_\_\_\_

*Credit card information is never retained.*

Send this form & payment to:

PO Box 21989, 612 W. Willoughby Ave. Suite B Juneau, AK 99802  
 (907) 586-4351 or (907) 463-5670 fax Events@seconference.org

**CIRCLE PAYMENT METHOD**

**Check**

**Credit Card**

**Invoice**