

FUTURE HORIZONS, INC
CONFERENCE REGISTRATION FORM

NAME _____

CONTACT / SCHOOL / ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE () _____

EMAIL _____

ADDITIONAL ATTENDEES:

Please check conference attending:

HUNTSVILLE 10/5/09

CINCINNATI 10/7/09

ORLANDO 10/9/09

EUGENE OR 10/14/09

HAWAII 10/16/09

_____ Professional \$ 160 x _____ = _____

_____ Group Rate Professional (5 or more) \$ 130 x _____ = _____

_____ Family Member \$ 130 x _____ = _____

_____ Student \$ 95 x _____ = _____

_____ Group Rate Family Member (5 or more) \$ 105 x _____ = _____

_____ Individual on the spectrum \$ 70 x _____ = _____

TOTAL x _____ = _____

MC VISA AMEX DISCOVER

CARD # _____ EXP _____

PURCHASE ORDER # _____ (Please fax hard copy with this form)