

FUTURE HORIZONS
CONFERENCE REGISTRATION FORM

NAME _____

CONTACT / SCHOOL / ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE () _____ EMAIL _____

PLEASE LIST ALL CONFERENCE REGISTRANTS HERE:

CINCINNATI, OH

FRIDAY, OCT. 10TH, 2008

	FEE
_____ PROFESSIONAL	145.00
_____ GROUP RATE PROFESSIONAL (must be 5 or more on same card or PO)	125.00
_____ PARENT / FAMILY/ STUDENT	115.00
_____ GROUP RATE FAMILY (must be 5 or more on same card or PO)	95.00
_____ INDIVIDUAL ON SPECTRUM	75.00
_____ TOTAL	_____ TOTAL \$

PAYMENT: MC VISA AMEX DISCOVER

CARD # _____ EXP _____

PURCHASE ORDER # _____

**Please fax physical copy of your Purchase Order for our records along with this form to: 1-817-277-2270