

FUTURE HORIZONS
CONFERENCE REGISTRATION FORM

NAME _____

CONTACT / SCHOOL / ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE () _____ EMAIL _____

PLEASE LIST ALL CONFERENCE REGISTRANTS HERE:



Kansas City, MO

Thursday, November 6TH, 2008

Friday, November 7TH, 2008

	1 DAY FEE	2 DAY FEE
____ PROFESSIONAL	160.00	215.00
____ GROUP RATE PROFESSIONAL per person (must be 5 or more on same card or PO)	140.00	185.00
____ PARENT / FAMILY/ STUDENT	140.00	165.00
____ GROUP RATE FAMILY per person (must be 5 or more on same card or PO)	115.00	150.00
____ INDIVIDUAL ON SPECTRUM	85.00	140.00
____ TOTAL	____ TOTAL \$	____ TOTAL \$

IF ONLY ATTENDING FOR ONE DAY – PLEASE INDICATE DATE ATTENDING: 10/30 or 10/31

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