

10th Annual Maine Advocacy Conference Registration Form

Contact Information: (Please print clearly)

Name: _____

Organization: _____

Address: _____

Town, State, Zip _____

Phone: _____

Email: _____

Please check if you do NOT wish to be included in the list of registrants provided to attendees.

Workshop Selections:*

Please choose two workshops. Select one each from the morning and afternoon offerings.

Morning Workshop

Afternoon Workshop

If you have any questions, please call (207) 626-7058, ext. 205.

* We will contact you if your workshop choices are no longer available.

Lunch:

Vegetarian meal is required.

Payment information: (Registration fee: \$50.00.)

Payment enclosed. (please make checks payable to Maine Equal Justice.)

Purchase Order enclosed.

Please charge my: VISA; MasterCard; OR Discover #: _____

Exp. Date: _____ Card Security Code: _____ (the last 3 or 4 digits on your card's signature panel)

Name as it appears on card: _____

Signature: _____

Requesting low-income waiver

Please mail or fax your registration form and check, purchase order or credit card information to:*

Maine Equal Justice, 126 Sewall Street, Augusta, Maine 04330; Fax: (207) 621-8148

* (Those with a lengthy payment process should feel free to fax registrations with purchase orders/notes indicating payment will follow)

Registration Deadline is October 23rd!