

**OFFLINE REGISTRATION FORM**

**NI IX Meeting Two**

Name:

Title:

Organization:

E-Mail:

**Registration Fees: National Initiative IX Meeting Two**

□ $50 Team Leader

□ $300 Team Member (and additional team leaders)

□ $110 Friday Night Annual Awards Dinner (per person) x \_\_\_\_\_\_ people

 Guest Name:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 4:00 pm *Ben’s Bells* Service Project

**Payment:** □ American Express □ Visa □ MasterCard

Account #:

Amount: Exp. Date: CCID Code:

Billing Zip Code:

Send completed form to AIAMC Administrative Coordinator Mindi Apicella via email mindi@aiamc.org.

If you prefer to call-in your credit card information, Mindi’s direct line is 407.709.5520.

A receipt will be emailed to the address you provided above.