



**Conflikt 7 Registration Form
January 24-26, 2014**

Complete form, enclose check or money order
made payable to **Conflikt**, and mail to:

Conflikt
PO Box 60004
Shoreline, WA 98160

Or register online at <http://www.conflikt.org>

Billing information		
Full Name		
Address		
City	State	ZIP
E-mail address	Phone	

Type of memberships:	Cost	Quantity	Total
Full weekend membership (through 11/30)	\$55	x	=
Child Membership (1-12)	Free	x	=
Supporting (non-attending) membership (includes songbook/CD)	\$25	x	=
Lunch ticket (includes CD)	\$40	X	=
Child lunch ticket (does not include CD)	\$25	x	=
Total amount enclosed:			\$

Please provide the following for each membership:

Add to Announcement List?

Real Name	Badge Name (if different)	Under 18?	City/State/Country	Email Address	Add to Announcement List?

Any Additional Information (such as food allergies for the con suite)?

We look forward to seeing you!