

Organizers' Collaborative

9th Annual Grassroots Use of Technology Conference
Saturday, June 28, 2008 – Lowell, MA



-- REGISTRATION FORM --

Name: _____

Street address: _____

City/State/Zip/Country: _____

Phone: _____ Email: _____

Organization name: _____

| Registration Fees |
|--|
| <input type="checkbox"/> Conference Fee (\$75) |
| <input type="checkbox"/> Low- Income / Student Fee (\$35) |
| <input type="checkbox"/> Housing for Friday Evening – (\$50 / single or \$34 / double) |
| TOTAL: |

What choice would you like for lunch:

Curry Chicken Wrap

Vegetable Wrap

___ I can't attend, but please keep me informed.

___ I can't attend, but I like what Organizers' Collaborative is doing and I've enclosed \$ _____

TOTAL Enclosed: _____

Please make checks out to "Organizers' Collaborative" or fill out the credit card information below and fax or mail to the address below. DO NOT send via email.

Cardholder Name: _____ Expiration Date _____

Visa/MC/Amex# _____ Security Code _____

Please return this registration form with payment (by check) to:
Organizers' Collaborative - 14 Beacon Street – Suite 720 - Boston, MA 02108

Visit <http://www.organizerscollaborative.org/conference> for more information.