



Conflikt 2 Registration Form

January 30 - February 1, 2009

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

Conflikt
PO Box 30113
Seattle, WA 98113

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

Type of memberships:	Cost	Quantity	Total
Full weekend membership until 11/30/2008	\$45	x	=
Full weekend membership 12/1/2008 until Con and at door	\$50	x	=
Child Membership (1-12)	Free	x	=
Saturday Brunch including souvenir CD	\$30	x	=
We have a limited number of child brunch seats with no souvenir CD. (8 and under and must be accompanied by an adult ticket)	\$20	x	=
Supporting (non-attending) membership including songbook and CD	\$20	x	=
Total amount enclosed:			\$

Please provide the following for each membership:

Add to Announcement

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

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

We look forward to seeing you!