11/2/2023 Conference & Tradeshow
Attendee Group Registration Form

Conference Pricing (choose one):

☐ $360 - Member Rate

☐ $500 – NonMember Rate

# of Registrations You Are Purchasing: _____ ***every 10 tickets receive a 10% discount***

Organization/Community Name: _____

Address & City, State, Zip:_____

Phone:_____ Email Address:_____

PAYMENT details: Check enclosed: ☐ VISA ☐ Mastercard ☐ AMEX ☐

Card Number:_____ Expiration Date: _____

Name on Card:_____ CVV Code:_____

Address for Cardholder:_____

Email for Cardholder:_____

Cardholder Signature:_____

Registrant Details (Name, Title & Email Address):

Registrant #1:_____

Registrant #2:_____

Registrant #3:_____

Registrant #4:_____

Registrant #5:_____

Registrant #6:_____

Registrant #7:_____

Registrant #8:_____

Registrant #9:_____

Registrant #10:_____

Please return completed form to Liz Picardi via email: lpicardi@mass-ala.org.