

NEADCP Conference Registration Form

Name

Title

Organization

Address

E-mail

Fax

I have enclosed my registration fee of:

- \$130 for both days
- \$75 for Monday, October 20 only
- \$65 for Tuesday, October 21 only
- \$___ for ___people for both days

Please attach any information that does not fit on this form including names of all attendees.

Method of Payment:

- Check
- Money Order
- MasterCard
- Visa

Name as it appears on card

Credit Card # and Exp. Date

Signature

You may fax your registration form to 508-861-0933. However, payment is required to reserve your space.

Please make checks payable to NEADCP.

Mail payments to:

NEADCP c/o Advocates, Inc.

Attn: Sue Neveu

One Clarks Hill, Suite 305

Framingham, MA 01702