

ADAMCON 09 REGISTRATION FORM

NAME _____ SPOUSE _____

ADDRESS _____ PHONE: _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

CHILDREN: 1st _____ AGE ____ 2nd _____ AGE ____

If travelling alone and wish to share a room, check here _____
 Enter name of person you wish to have as a roommate _____

Do you wish to be in a non-smoking room? YES _____ NO _____

Delegate	\$265.00	_____
Non-Delegate Spouse	\$195.00	_____
Non-Delegate Child	\$ 55.00	_____
Delegate Child	\$115.00	_____

Single room
 +\$30.00 per night _____

Day Pass		
Friday	\$ 19.00	_____
Saturday	\$ 19.00	_____
Sunday	\$ 23.00	_____

T-Shirt	\$ 10.00	_____	(FREE if paid in full before 15 April 1997)
sizes M L XL XXL			
Hat	\$ 7.00	_____	(FREE if paid in full before 1 June 1997)

TOTAL	_____
DEPOSIT/PAID	_____
BALANCE DUE	_____

Make checks (payable in U.S. funds) to "ADAMCON 09" and send with completed registration form to:

Bob & Judy Slopsema
 2261 ShadeTree Lane S.E.
 Kentwood, MI 49546-7585
 USA
 Voice: (616) 949-9461
 E-mail: 72117.3003@compuserve.com

We will see you at ADAMCON 09 in sunny, pleasant Grand Rapids, Michigan!