



2012 CONVENTION REGISTRATION FORM

American Society of Dowzers, PO Box 24, Danville, VT 05828

Phone 802-684-3417 Fax 802-684-2565

Print and mail or fax.

NAME(S) _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ & THEIR PHONE _____

ARE YOU A MEMBER? _____

PAYMENT METHOD: VISA ___ MASTERCARD ___ CHECK ___ CASH ___

CREDIT CARD # _____ EXP. DATE _____ Security Code _____

NAME ON CARD _____

CONVENTION REGISTRATION _____ \$ _____

Please write in type of registration. ie: member or non-member; individual or family; full conv. (3 days) or 1 day, 2 days, ½ day etc.

If registering for one or two days, please specify which and for a half, specify AM or PM. _____

WORKSHOPS & SCHOOLS (Please attach an additional form for each family member's workshops)

WORKSHOP #	PRESENTER'S NAME	PRICE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total \$ _____