

2017 REGISTRATION

PLEASE PRINT CLEARLY!

Last name: _____ First Name: _____

Spouse (first and last name, only if attending): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Check here if you're NOT on our mailing list, but want to be.

ADDITIONAL NAMES BEING REGISTERED:

First & Last name(s) of children (24 mos - 11 yrs), teens (12 - 18 yrs), and young adults (18+ yrs):

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

Non-homeschooling grandparent / adult caregiver for your children while at convention - FREE, with an accompanying paid adult registration. Please include first & last name(s) here:

Name _____ Name _____

If you have more child, grandparent, or caregiver entries, check here and list names and ages (of children) on back of this form.

REGISTRATION FEES:

Couple (Husband & Wife): Two days \$69.00 = \$ _____
One day \$60.00 = \$ _____

Individual Adult: Two days \$64.00 = \$ _____
One day \$55.00 = \$ _____

NEW this year - Exhibit Hall ONLY Pass (one day only): _____ x \$30 = \$ _____

Teens ages 12-18 (with accompanying paid adult): _____ x \$10 = \$ _____

Children 1st Floor access only wristband (ages 5-11, max \$15/fam): _____ x \$5 = \$ _____

Children ages 2-4, attending workshops with parents: _____ x \$5 = \$ _____
(Children under 24 months are free and will get neither wristband nor name badge.)

Yes, I would like to donate to the MassHOPE scholarship fund. = \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT METHODS ACCEPTED:

CASH, CHECK or MONEY ORDER (payable to MassHOPE), VISA/MasterCard (not Discover or American Express).

For Registration Use Only:

Registrar's initials: _____

Payment: Cash \$ _____

Check \$ _____ Check # _____ (payable to MassHOPE)

MC/V \$ _____ Authorization # _____

Notes