



Southeast Festivals & Events Association

Attendee Registration Form

Business _____

Address _____

City, State, Zip _____

Attendee name _____ First Time Attendee: Yes No

Email _____ Phone _____

Attendee name _____ First Time Attendee: Yes No

Email _____ Phone _____

Attendee name _____ First Time Attendee: Yes No

Email _____ Phone _____

Conference Pricing

	Early Bird	After Dec. 14th		
SFEA Member	\$335.00	\$385.00		\$
SFEA Non-Member	\$435.00	\$485.00		\$
Student (School ID Required)	\$210.00	\$260.00		\$
One Day Attendee, Monday, Feb. 20	\$250.00	\$250.00		\$
One Day Attendee, Tuesday, Feb. 21	\$250.00	\$250.00		\$
Monday Night Reception & Awards Only	\$65.00	\$65.00		\$
Tuesday Night Event Only	\$65.00	\$65.00		\$
				\$
TOTAL				\$

Total Amount Enclosed \$ _____ (Payable by Check or Credit Card - Visa, MC, Discover or AMEX)

Check # _____ (Please make checks payable to SFEA and mail to address below.)

Card # _____ Exp. Date: _____

Name on Card (Please Print) _____

Billing Address (Street, City, State, Zip) _____

Authorized Signature _____ Date _____