

When Words Collide

3

Conference Registration Form

Name _____ Grades taught _____
School _____ Subjects taught _____
Address _____ City _____
State _____ Zip _____ Telephone _____ (home/work)
Email address _____ Did you attend either of our other programs? _____

Number of memberships purchased _____ (*\$50 each) Total amount paid _____

Names of participants (please print): _____

Payment by (circle one): Check MasterCard Visa Money Order Purchase Order (net 30 days)

Credit card no. _____ Expiration _____ Name on card _____



Please mail this form, together with your payment, by Feb. 2, 2000 to:

Monty Wells Project
c/o NESFA
P.O. Box 809
Framingham, MA 01701-0809

or you may fax this form (if paying by credit card) to: 617.776.3243



See us online at <http://www.nesfa.org>, email us at boskone@nesfa.org, or phone 617.573.8504.