

ON-SITE CONVENTION REGISTRATION FORM

For Office Use Only: Paid Cash____ Paid Credit Card____ Check #_____

Last Name: _____ (Attending) Spouse's Name _____
 First Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Grandparents/Pastor Name: (FREE ONLY if NOT homeschooling children)

PLEASE LIST ALL ATTENDING CHILDREN AGES 13 AND ABOVE:

Teen 1 _____ Teen 2 _____
 Teen 3 _____ Teen 4 _____

PLEASE LIST ALL ATTENDING CHILDREN AGES 12 AND UNDER:

Child 1 _____ Child 2 _____
 Child 3 _____ Child 4 _____
 Child 5 _____ Child 6 _____

Adult (NDHSA Member)	_____	X	\$35.00	_____
Adult (Non-Member)	_____	X	\$50.00	_____
Single Parent (unmarried)	_____	X	\$20.00	_____
Teen (NDHSA Member)	_____	X	\$25.00	_____
Teen (Non-Member)	_____	X	\$40.00	_____
Child (Ages 6-12)	_____	X	\$15.00	_____
Family Rate (Member)	_____	X	\$130.00	_____
Family Rate (Non-Member)	_____	X	\$180.00	_____
Vendor Hall Only Pass (Individual)	_____	X	\$30.00	_____
Vendor Hall Only Pass (Family)	_____	X	\$40.00	_____
NDHSA MEMBERSHIP (one year)			\$45.00	_____
DONATION (tax deductible gift)			\$	_____
TOTAL DUE:			\$	_____

*Make checks payable to NDHSA