

7TH CONGRESS OF THE AFRICAN PEOPLE'S SOCIALIST PARTY REGISTRATION FORM

(Please Print)

Today's date:			Location:		
ATTENDEE 1 INFORMATION					
Last name:		First:	Middle:	Email:	
Street address:			Phone no.: ()		
P.O. box:	City:	State:	ZIP Code:		
ATTENDEE 2 INFORMATION					
Last name:		First:	Middle:	Email:	
Street address:			Phone no.: ()		
P.O. box:	City:	State:	ZIP Code:		
LOGISTICS INFORMATION					
Are you registering children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?:					
List names and ages of child(ren):					
Do you have housing?: <input type="checkbox"/> Yes <input type="checkbox"/> No Will you book housing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide the date you plan to book: / /					
Dietary Preferences: <input type="checkbox"/> Vegan / Vegetarian (circle one) <input type="checkbox"/> Poultry <input type="checkbox"/> Fish (no poultry) <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other					
Other:					
TICKET INFORMATION					
Please indicate your ticket choice(s)			<input type="checkbox"/> Early Bird (Adult 11+) \$175 (ends April 30, 2018) <input type="checkbox"/> Full Week (Adult 11+) \$200 <input type="checkbox"/> Daily (Adult 11+) \$35 <input type="checkbox"/> Daily w/o food (Adult 11+) \$25 <input type="checkbox"/> Full Week (Child 0-10) \$100 (pay \$75 each for multiple children) <input type="checkbox"/> Daily (Child 0-10) \$15 (pay \$10 each for multiple children)		
			<input type="checkbox"/> Black Power Masquerade Ball (Adult 11+) \$50 <input type="checkbox"/> Black Power Masquerade Ball (Child 0-10) \$15 <input type="checkbox"/> I will not attend but will make a DONATION at this time		
PAYMENT INFORMATION					
Amount Due: \$			Amount Paid:		
Will this be paid in installments <input type="checkbox"/> Yes <input type="checkbox"/> No					
Payment Type: <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash			Check no:		
Name on Credit Card		Credit Card no.	Exp date:	CVV no.:	
			/ /		
Customer Signature:			Date		
RECEIPT					
<input type="checkbox"/> Early Bird (Adult 11+) \$175 <input type="checkbox"/> Full Week (Adult 11+) \$200 <input type="checkbox"/> Daily (Adult 11+) \$35 <input type="checkbox"/> Daily w/o food (Adult 11+) \$25 <input type="checkbox"/> Full Week (Child 0-10) \$100 or \$75 <input type="checkbox"/> Daily (Child 0-10) \$15 or \$10 <input type="checkbox"/> DONATION					
Amount Paid:			Amount Due:		
Contact the Congress registrar at register@aspsuhuru.org			Local Rep Phone no:		Local Rep Email: