

# Artful Askers

## Conference Registration Form

### PERSONAL INFORMATION

\_\_\_\_ Mr/ \_\_\_\_ Ms. \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### SPECIAL NEEDS

Do you have any special dietary needs? If so, please inform us.

\_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed for \$ \_\_\_\_\_ (\$75 per attendee)

Make check payable to Children's Home of Lubbock

PO Box 2824

Lubbock, Texas 79408

\_\_\_\_ Please charge my credit card for this amount \$ \_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ Mastercard Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### CONFERENCE INFORMATION

For assistance, contact Tina Flowers

Phone (806)762-0481 Ext 203 E-mail [tflowers@childshome.org](mailto:tflowers@childshome.org)

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Receiving Staff \_\_\_\_\_

Check # \_\_\_\_\_

CC Authorization Code# \_\_\_\_\_