



Registration Information—PLEASE PRINT CLEARLY

Title _____ First Name _____ Last Name _____

Work Home Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Daytime Telephone _____ E-mail _____

Date of Birth: _____ Gender: _____ T-Shirt Size -- Adult: S M L XL XXL 3XL

Registration Fees

Please Select One:	Type of Registration:	Price:
	Adult Registration (received before October 1 st)	\$20.00
	Adult Registration (received between October 1 st – October 21 st)	\$25.00
	Youth Registration	\$10.00
Total Amount Due:		\$

Payment Information: *Registration will not be processed unless accompanied by full payment. All registrations are non-refundable.*

Total Amount Due \$ _____ (All fees must be in U.S. dollars.)

Payment Method:

Check # _____ Money Order (Make checks & money orders payable to Sister Cities International)

Credit Card Type: Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____ CSC Number _____

Name on Card _____ Signature _____

Please return via email to specialevents@sister-cities.org or fax: 202.393.6524 by October 21st, 2010.