Registratio	on (Full pa	ayme	ent wi	th mo	ney order)	
ALL SALES A SHOWS.	RE FINAL.	NO R	EFUND	S FOR	CANCELLATIONS	OR NO
First Name (For name badge) Last Name (for name badge)						
Address: City, State, Zip Country	o *					
Phone: Email:						
Comment						
Amount:	\$1,995			Full Pa	yment is \$1,995 (U	SD)
Check #				Check	payable to Alba We	einman
Date:						
Mail money or	der along wi	th this	registra	tion to:		
Alba Weinman	1					

Alba Weinman PO Box 647

Micanopy, FL 32667-0647