CONTACT INFORMATION:

Contact Person: 

School: 

Address: 

Phone Number: 

E-mail: 

LIST OF ATTENDEES

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail</th>
<th>T-Shirt Size</th>
<th>Student/Staff/Faculty</th>
<th>Special Dietary Needs</th>
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CONFERENCE REGISTRATION FEE

The cost of the Conference will be 25$ per person. We must receive your money by the day of the conference. It can either be mailed or paid for when you show up.

Number of Attendees ________ at $25 total ___________

Please make checks payable to: Pride Alliance
And send to:    Pride Alliance
               413B Student Union, Box 66
               University of Massachusetts
               Amherst MA 01003

Questions?
Please call 413.545.0154 or e-mail pride@stuaf.umass.edu