



Allies for Change

Event Registration Form

Register at least one month prior to the event, if possible. Please print clearly.

Name/Date of Event:

Name:

Address:

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____ (e-mail) _____


I will be staying overnight _____ commuting _____

Gender _____ Roommate request: _____

Amount of deposit enclosed: \$ _____

(Deposit refunded only if you notify us at least 14 days in advance of the event.

For Canadian checks please indicate "U.S. FUNDS" next to dollar and word amount)

 Will you need a barrier free room? _____ Accessible format? _____

Other needs? _____

**Checks should be made to "Allies for Change"
and mailed with this form to:**

Allies for Change, P.O. Box 4353, East Lansing, MI 48826

**For additional information, see the website at www.alliesforchange.org,
e-mail melaniemorrison@alliesforchange.org.**