Convention Registration Information

Registration Number: _____

Registration Contact

Chorus:	
Name:	
Address:	
City, State:	
Postal Code:	
Daytime Phone Number:	
E-mail:	

Registration Contact Member ID#: _____

Amount Billed:	
Amount Paid:	
Balance Due:	

Registrant Information						Rising Star Tickets		
Member ID#:	**First Name**	**Last Name**	**Reg Type**	**Reg fee**	**Liabilty Form Signed**	**VIP $75**	**$35**	**$25**
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			

Registrant Information						Rising Star Tickets		
Member ID#:	First Name	Last Name	Reg Type	Reg fee	Liabilty Form Signed	VIP $75	$35	$25
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			

Registrant Information						Rising Star Tickets		
Member ID#:	First Name	Last Name	Reg Type	Reg fee	Liabilty Form Signed	VIP $75	$35	$25
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
					☐			
			TOTALS	$0.00		$0.00	$0.00	$0.00