



REAFRAKANIZATION

FAMILY DEVELOPMENT

NATIONBUILDING

2006 Sovereignty Conference Registration Form

Registration type (Check one):

General

Presenter

Member

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Institutional Affiliation: _____

Institution's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Website: _____

Please Check Appropriate Box Below

Adult (\$20)

Senior (\$5)

Student (w/ ID) (\$15)

Youth (\$5)

All conference attendees must sign the Disclaimer/Waiver Form in order to participate.