



Fragile X of Washington State  
Conference Registration  
May 4, 2013  
9:00 am to 4:30 pm

**Conference Registration**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*Email address: \_\_\_\_\_  
*We need an email address to send you a confirmation letter with information on entering the conference.*

**Payment**

**Price for conference is \$30 per person.**  
**Registration Deadline: April 20, 2013**

**For Questions contact:**  
**Cathy Broberg, 425-488-2948; cathyann402@gmail.com**

If paying by check, please mail your check with this form to:  
FXAWS 15025 70<sup>th</sup> Ave NE Kenmore, WA 98028

**Credit Card Payment:** You may email this form to **cathyann402@gmail.com**

Name as it appears on the credit card: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

If paying for more than one attendee, please list their names below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch requests: Turkey Sandwich \_\_\_\_\_  
Roast Beef Sandwich \_\_\_\_\_  
Ham Sandwich \_\_\_\_\_  
Veggie Sandwich \_\_\_\_\_  
Gluten Free Salad \_\_\_\_\_