



2018 Annual Conference Registration

One person per registration please

Name _____
First name and surname as you wish them to appear on your name tag

Mailing Address _____
Postal Code _____

Telephone _____ Email _____

Mayflower passenger ancestor _____
Why are we asking? See details in *Program Information*.

I would like to have a 15-minute one-on-one meeting with the Colony Historian to review my Mayflower Ancestry or Society application. (See *Program Information* for details)

I will be attending the Friday night session.

I would like to set up a display. (See *Program Information* for details)

Name of organization, company or individual _____

Conference Registration **\$20** (includes refreshments and lunch on Saturday)
\$25 if received after 9 September \$ _____

Membership Associate Membership (See *Program Information* for details) **\$10** \$ _____
Membership not required to attend the Conference.

Total enclosed \$ _____

Make cheques payable to *NS Mayflower Colony*. A cheque may cover more than one registration if mailed together.

Mail to Gary Archibald; Treasurer, N.S. Mayflower Colony; 108 Chebogue Point Road, Rockville NS B5A 5E8

Unable to print this form? Email Cheryl Anderson <cheryl.anderson@ns.sympatico.ca> to receive a copy in the mail.