



2010 National Convention

Registration Form

Name _____

Address _____

City/State/ZIP _____

Phone _____

E-mail _____

Alliance Member Number _____

Chapter Name (if applicable) _____

Please complete a separate registration form for each person registering for the convention.

Registration	\$90 per person	\$
Late Registration Fee (<i>After March 2, 2010</i>)	\$15	\$
Banquet Fee	\$85 per person x _____	\$
Total Amount Enclosed		\$

Please make check or money order payable to *Alliance for Retired Americans*. Payment must be submitted with the Registration Form.

I am paying by credit card:

Master Card Visa American Express

Name (as it appears on the card) _____

Card Number _____

Signature _____ Expiration Date _____

Mail to:

Registration Desk

Alliance for Retired Americans

815 16th Street, NW, 4th Floor North

Washington, DC 20006-4101