



REGISTRATION FORM
Campaign for Liberty
Florida Liberty Summit
Orlando, FL
August 7-9, 2009

Attendee Information

Name: _____

Address: _____ City: _____

State: _____ Zip/postal code: _____ Country: _____

Phone: _____ Email Address: _____

 Name to appear on your badge (optional) Username (required for dues-paying member discount)

Additional Attendee

First Name: _____

Address: _____ City: _____

State: _____ Zip/postal code: _____ Country: _____

Phone: _____ Email Address: _____

 Name to appear on your badge (optional) Username (required for dues-paying member discount)

Choose Event

- ____ Training Conference (\$99 dues-paying members / \$139 general admission) *includes continental breakfast*
- ____ Student Ticket (\$59) – *valid student ID required*
- ____ Private Reception with Ron Paul and Tom Woods - Friday (\$175)
- ____ Banquet with Tom Woods – Saturday (\$60)

I would like to make an additional donation to Campaign for Liberty in the amount of \$_____

Payment Method

____ Cash ____ Check **OR** Card Type: ____ Visa ____ MasterCard ____ Discover

Total Amount: \$_____ Credit Card Number: _____

Expiration Date: _____ Name on Card: _____

*Mail this completed form and your payment to Campaign for Liberty Florida Liberty Summit,
 Attention: Mark Cross 209 S Clyde Ave, Kissimmee, FL 34741.
 If paying by credit card, you may mail OR fax completed form to: 407-933-4242.*

NOTE - Cancellation requests received in writing by August 1, 2009 are eligible for a refund, subject to a \$25 administrative fee.