



REGISTRATION FORM
Florida Campaign for Liberty
Liberty Summit 2010
Orlando, FL
August 13-15, 2010

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 - 3 day pass (\$49 dues-paying members)
 Private Briefing with Congressman Ron Paul – Friday afternoon (\$500)
 Sponsors' Reception with Congressman Ron Paul and Special Guests – Friday evening (\$175)
 Liberty Banquet with Tom Woods – Saturday evening (\$75)

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

Payment Method

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

Total Amount: \$ _____ Credit Card Number: _____

Exp Date: _____ Security Code: _____ Name on Card: _____

*Mail this completed form and your payment to Campaign for Liberty, Liberty Summit 2010,
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.*

