

SUMMER 2017 SPEAKER SERIES REGISTRATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Registration includes full-day workshop and lunch. REGISTRATION

On or before 9 July StLGS Member \$50 Non-member \$60 _____

After 9 July StLGS Member \$60 Non-member \$70 _____

COMBINATION REGISTRATION FOR MISSOURI RESEARCH INSTITUTE AND SUMMER SPEAKER SERIES

On or before 15 June StLGS Member \$360 Non-member \$410 _____

After 15 June StLGS Member \$460 Non-member \$510 _____

Membership \$40 _____

Donation _____

Total _____

(PLEASE NOTE: Cancellation fees will apply.)

LUNCH PREFERENCE

(PLEASE CHECK ONE, SANDWICH OR SALAD)

Roast Beef Ham Turkey Chef's Salad

Gluten Free Dairy Free

FORM OF PAYMENT

Check _____ OR Discover _____ Visa _____ MasterCard _____

Card Number _____ Expiration Date _____

Card Security Code (3-digit number on the back) _____

Make checks payable and mail registration to
St. Louis Genealogical Society
P.O. Box 432010, St. Louis, MO 63143
OR register on the website www.stlgs.org