



# REGISTRATION FORM

**One registration form is needed per attendee.**

Company Name:		Attendee Name:	
Address:			
City:		State:	ZIP:
Phone:		Email Address:	
Did someone refer you to the StoryConnect conference? <input type="checkbox"/> Y <input type="checkbox"/> N		Name of referrer:	

Registration Fee:	\$299
Check here if you will be attending our special dinner and networking event at the U.S. Space & Rocket Center on Monday night. (There is no additional charge for registered attendee.) <input type="checkbox"/>	\$0
Number of guests attending dinner with you: _____ x \$50 per person	\$ _____
Total Enclosed: (Please make checks payable to WordSouth)	\$ _____

**REGISTRATION FEE INCLUDES:** Entry to all sessions, dinner on Monday evening, light continental breakfast on Tuesday and Wednesday, and mid-morning and afternoon snacks.

**CONFERENCE ATTIRE:** Business casual is appropriate for all conference functions.

**WE LOOK FORWARD TO SEEING YOU THERE!**



**MAIL FORM WITH PAYMENT TO:**

WordSouth • Attn: StoryConnect  
P.O. Box 1575 • Rainsville, AL 35986

**EMAIL QUESTIONS TO:**

kscott@wordsouth.com or  
elizabeth@wordsouth.com