

VERMONT FRENCH-CANADIAN
GENEALOGICAL SOCIETY
Saturday, October 21, 2017

Fall Conference

Pre-Registration Form

Name _____ Member # _____

Guests' Names _____

Address _____

City/Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

Conference Early Registration: \$25.00 per person

No. _____ Persons attending the 2017 Fall Conference (\$25 each) \$ _____

Buffet lunch (\$10 each) \$ _____

My Total (check enclosed) \$ _____

Please make checks payable to **VT-FCGS** and mail to:

P.O. Box 65128

Burlington, VT 05406-5128

Checks along with this form must be received by October 14, 2017

Payments also accepted online at: vtgenlib.org/store/conference/index.php

I'm/we're sorry I/we cannot attend the Fall Conference.

Enclosed is a Donation of \$ _____.

Registration the day of the Conference: \$30.00 per person