2014 CONVENTION REGISTRATION FORM

Questions on this form? Email convention@ndhsa.org

Office Use Only:
Date Paid:
Check or cash
Check #:_____

Name (ONLY of those attending):
Husband_____Wife_____Last_____
Address:_____
City:_____State:_____ZIP:_____County_____
Phone:_____Email:_____
(this is how you would receive any important communication regarding the convention)

- Cost per adult, NDHSA Member _____X $ 27 $_____
- Cost per adult, Non-Member _____X $ 30 $_____
- Cost per teen, NDHSA Member _____X $ 18 $_____
- Cost per teen, Non-Member _____X $ 20 $_____
- Family Rate. NDHSA Member _____X $110 $_____
- Family Rate, Non-Member _____X $120 $_____
- Vendor Hall Only Pass _____X $ 15 $_____
- Grandparents Tea Time Out (see booklet for description) _____X FREE $_____
- Head or Asst. Pastor (Non-homeschooling) _____X FREE $_____

Children under 12 and non-homeschooling grandparents attend FREE of charge.

Prices will be higher at the door!

*Please invite your pastors to attend and then include them on the following list of attendees if applicable.

Please list the first and last name of each person attending age 13 – adult. Include grandparents and pastors on the list.
Please list attending children ages 12 and under **on the back side** of this form.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Used Book Sale (See booklet p. 11)
NDHSA Member Price Per Table $15 $_____
Non-Member Price Per Table $20 $_____
Extra Table _____X $ 5 $_____

Home Business /Young Entrepreneur Booth (See booklet p.14)
NDHSA Member _____X $ 20 $_____
Non-Member _____X $ 25 $_____

NDHSA Support Group Leader Luncheon *Lunch will be provided free of charge.
Names Attending:_____ _____
Name/Location of Support Group:_____

Friday Lunch — Box Lunch: (Harvest Hotdish, Pumpkin Knot Roll, Cheesecake, Drink) _____ $6 X =_____
Saturday Lunch –Box Lunch: (Hot Ham & Cheese Sand., Yogurt , Carrots, Cookie, Drink) _____ $6 X =_____
State dietary needs here (Gluten free, dairy free and pork free available):_____

I would like to become an NDHSA member or renew my membership, $35 $_____
I would like to give a tax deductible gift to the NDHSA $_____

TOTAL AMOUNT DUE: (Please make checks to NDHSA) $_____

******** STOP! ALL POSTMARKS PAST MARCH 10, 2014 WILL BE RETURNED. **********

No Refunds will be given except in the event of a medical emergency.

_____ Yes! I want to be contacted regarding volunteer positions available for the convention (TEENS, TOO).

_____I hereby grant the NDHSA permission to use any photos of the above registrants in any and all of its publications, including website entries, without payment or any other compensation.

Mail to: NDHSA Convention Coordinator, 2443 91st Ave NE, Tolna, ND 58380