



## **Application for Halloween Treat Discount**

Contact name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please print the names and email addresses of the attendees who will be attending as part of your group rate, don't forget to include yourself if you will be attending! (Register a group of ten for the conference and pay \$3,500 as part of our Halloween discount.)*

*Name*

*Email*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_



Please select your payment option:

- ☐ Each attendee is responsible for his/her own registration payment
- ☐ Check for all registration fees is enclosed for \$\_\_\_\_\_
- ☐ I authorize AFP Massachusetts Chapter to charge the below credit card \$\_\_\_\_\_ for all registrations included in this large shop

☐ Visa      ☐ MasterCard      ☐ American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address Line 1

\_\_\_\_\_  
Billing Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

AFP MA Chapter Office will not be able to process applications that are incomplete.

Please email this form to: [info@afpmass.org](mailto:info@afpmass.org) or fax to: 781.647.7222

**Upon receipt of this application, the attendees listed on this application will receive registration instructions with a discount code via email.**