POSE 2010
Conference Registration

March 19, 20, and 21
Richmond, Virginia

Attendee Information (please use a separate form for each person)	
Name	
Name on Badge	
Pride Organization Name	
Title/Office/Position	
Gender Identity	
Phone	( ) Ext.
Email	

Organization Information	
Street Address	
City, State, ZIP	
Phone	( ) Ext.
Fax	( )
Email	

Conference Registration				
	Early Bird	Regular	Late/ On-Site	Enclosed Registration Amount
InterPride Members	**$85**	**$95**	**$105**	
Non-InterPride Members	**$95**	**$105**	**$115**	
Spouse (Meals Only)	**$50**	**$50**	**$50**	

Method of Payment	
Total Amount: _____ ☐ Check (payable to Gay Pride Virginia) ☐ Credit Card (use PayPal link on GPV website)	Mail Check or Money Orders to: Gay Pride Virginia PO Box 17706 Richmond, VA 23226

Special Requirements	Hotel Information
☐ Dietary	☐ I am staying at Host Hotel
☐ Sign Interpreter	☐ I am staying at another hotel
☐ Wheelchair Access	
☐ Other:	