

WILD HORSE SUMMIT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL _____

NUMBER OF PEOPLE IN YOUR PARTY: _____

ARRIVAL DATE: _____

ARE YOU AFFILIATED WITH AN ORGANIZATION: YES _____ NO _____

NAME OF THE ORGANIZATION _____

WOULD YOU BE INTERESTED IN VOLUNTEERING: YES _____ NO _____

WHAT ARE YOUR EXPECTATIONS OF THE SUMMIT: _____

PLEASE SEND COMPLETED APPLICATION WITH \$25 FEE TO:

ISPMB
BOX 55
LANTRY, SD 57636

NOTE: PRE-PAID REGISTRATIONS MUST BE RECEIVED BY 10/06/08 OR YOU CAN REGISTER ½ HOUR PRIOR TO THE CONFERENCE AT THE DOOR.