



Lightning Strike & Electric Shock Survivors International, Inc.

Please print-Please complete and fax or mail to home office at least 10 days prior to conference date.

“WHERE HOPE BEGINS”

LSESSI, Inc. P.O. Box 1156 Jacksonville, NC 28541 Phone (910) 346-4708 Fax (910) 346-4708 info@lightning-strike.org

www.lightning-strike.org

## Conference Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Lightning Strike Survivor  Electric Shock Survivor

Other (Please Explain) \_\_\_\_\_

Is this your first conference? \_\_\_\_\_ YES \_\_\_\_\_ NO

Number in party who will attend? \_\_\_\_\_

Names of those attending:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Is anyone in your party from outside your home state, or country? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, from where?(please list) \_\_\_\_\_

### CONTACT INFO

Your address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Number or contact info \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Will there be any children in your group? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ages of children attending: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_