

May 6th & 7th, 2011
Saint Mark's Cathedral
1245 Tenth Avenue East, Seattle, Washington 98102

CONFRONTING ISLAMOPHOBIA REGISTRATION FORM

Name _____
Additional Names _____
Street _____
City _____ State _____ ZIP _____
Phone Number(s) _____
Email _____

FULL CONFERENCE: \$55 / person

includes Friday keynote, Saturday speakers, workshops, lunch and dinner at a mosque

FRIDAY KEYNOTE: \$10/ person

SATURDAY CONFERENCE: \$45 / person

includes lunch and dinner at a mosque

For details contact:

Eliza Davidson (elizad@comcast.net 206.323.7669)

Number of attendees ____ x \$ ____ = _____

Additional donations appreciated! = _____

Write total amount here: \$ _____

Check Enclosed (Payable to: Saint Mark's) Visa Master Card

Credit Card Number (print clearly) _____

Expiration Date: _____ Three digit code (back of card) _____

Name on Card (print clearly) _____

Signature for Authorization _____

Billing Address (if different)

Street _____

City _____ State _____ ZIP _____

Phone Number(s) _____

Email _____

Make checks payable to & mail registration form with your payment to:

***Mideast Focus ~ Saint Mark's Cathedral
1245 Tenth Avenue East
Seattle, WA 98102***