

Harry S. Truman Legacy Symposium Registration Form

First Name _____
Last Name _____
Address _____
City _____
State _____ Zip _____
Day # _____
Evening # _____
Cell # _____
E-mail _____

We will not sell your name, address or phone number.

May we notify you about future events?

_____ yes _____ no

Symposium Registration Fees

FULL Friday and Saturday **(includes Saturday lunch)**

Registration	\$125
Member Registration	\$100

A la Carte

Saturday lunch only	\$35.00
Friday night LWH Reception only	\$50.00
Saturday Workshops	\$100.00

Guided Tour of the Little White House already included

We gladly accept a check OR one of the following:

Visa Mastercard American Express Discover

Name: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

CVV/Security Code: _____

Name as it appears on card:

Signature:

Place this form along with your registration fee in an envelope and mail to:

Key West Harry S. Truman Foundation
Attn.: Bob Wolz
111 Front Street, Key West, FL 33040