

FONTAINE MAURY SOCIETY REGISTRATION FORM (PLEASE PRINT for EACH Attendee)

Ashland, Virginia, October 14-16, 2016

Payment Processing:

We are now able to accept credit cards in addition to checks (see below). Please make all checks payable to "The Fontaine Maury Society" for the events you plan to attend. All payments and reservations must reach us by September 15th, at the latest. Reservations may be emailed to Marian Fletcher at FMSGathering@gmail.com or faxed to 804-441-9463 but will not be considered complete until payment is received by **Marian Fletcher** at **13133 Donegal Dr, Chesterfield, VA 23832**. For additional information, Marian can be reached at 804-739-1679 or via email at FMSGathering@gmail.com. Her cell phone during the weekend will be 804-334-3459 should you have questions during that time. The online link to this form is: <https://www.123contactform.com/form-2065804/Fontaine-Maury-October-Mtg-Registration-Form>

Costs:

- Friday Business Meeting No Charge
- Friday Research Trip \$28.00 per person for transportation. Entry into facility is free.
- Saturday Events \$118.00 per person which includes Box Lunch, transportation, entry fees and buffet dinner
- Membership Fee for 2017 \$15.00

Attendee name: _____

Name Tag Wording: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Cell Phone: (____) _____ - _____ **Home Phone:** (____) _____ - _____

Box Lunch Choice (check one): Turkey Sandwich Ham Sandwich
 Vegetarian Wrap None *(if no choice is made, turkey will be chosen for you)*

Attending (Check all that apply): Friday Research Trip Friday Business Meeting Saturday Events (includes buffet dinner)

Name of direct Ancestor (check all that apply): Peter Francis
 Mary Ann Maury John James None

Other (specify please) _____

I wish to pay for membership for 2017 (check one): YES No, I will pay later

Enter additional attendees and payment information on the back of this form.

Attendee name: _____
Name Tag Wording: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____
Box Lunch Choice (check one): Turkey Sandwich Ham Sandwich
 Vegetarian Wrap None *(if no choice is made, turkey will be chosen for you)*

Attending (Check all that apply): Friday Research Trip Friday Business Meeting Saturday Events (includes buffet dinner)

Name of direct Ancestor (check all that apply): Peter Francis
 Mary Ann Maury John James None
Other (specify please) _____

I wish to pay for membership for 2017 (check one): YES No, I will pay later

Attendee name: _____
Name Tag Wording: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____
Box Lunch Choice (check one): Turkey Sandwich Ham Sandwich
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Name of direct Ancestor (check all that apply): Peter Francis
 Mary Ann Maury John James None
Other (specify please) _____

I wish to pay for membership for 2017 (check one): YES No, I will pay later

***** PAYMENT INFORMATION FOR ALL REGISTRATIONS ON THIS FORM *****

TOTAL TO BE PAID: \$ _____
I am paying by (indicate one) Check (enclosed or sending by mail) Credit Card
Name on Credit Card: _____
Type of Card: VISA MasterCard Discover
Card Number: _____ Expiration Date (MM/YY): ____ / ____
CCV Code: _____ Billing Zipcode: _____