

5th Annual Boston Salsa Congress™

September 16-18, 2005

Registration Form



To register, please complete this form entirely. Please note: "Purchase date" is considered to be the date that payment is received online, or payment is postmarked or received by referrer.

First Name:			
Last Name:			
Address:			
Phone:	Email:		

Purchase before date:	Jul. 25	Aug. 31	Sept. 15	Door	Quantity	Subtotal
Weekend Passes						
(circle price)						
Full Event Pass (unlimited admission to everything)	\$140	\$180	\$200	\$225	_____	x price = \$ _____
Workshop Only Pass (10 sessions on Sat/Sun)	-	\$125	\$140	\$175	_____	x price = \$ _____
Day Passes						
(circle price)						
Saturday Day Pass (unlimited admission to everything on Sat.)		\$110	\$110	\$140	_____	x price = \$ _____
Sunday Day Pass (unlimited admission to everything on Sun.)		\$100	\$100	\$130	_____	x price = \$ _____
Individual Event Tickets						
(circle price)						
Friday Night Workshop ("Brush up the Basics" 1.5hrs)		\$5	\$5	\$5	_____	x price = \$ _____
Friday Night Ticket		\$25	\$25	\$30	_____	x price = \$ _____
Saturday Night Workshop (intermediate level)		\$15	\$15	\$20	_____	x price = \$ _____
Saturday Night Ticket (for intro lesson add \$5pp)		\$25	\$25	\$30	_____	x price = \$ _____
Sunday Night Workshop (intermediate level)		\$15	\$15	\$20	_____	x price = \$ _____
Sunday Night Ticket (for intro lesson add \$5pp)		\$15	\$15	\$20	_____	x price = \$ _____
Individual Workshop Ticket (good for any single workshop)		\$15	\$15	\$20	_____	x price = \$ _____

Referral Code: _____

Grand Total (add subtotals) \$ _____

2) Payment Method (circle one)

MC VISA AMEX DISCOVER PERSONAL_CHECK (circle one)

Card # _____ Exp: _____

Name on Card _____

Address (if different) _____

Note: leave this section blank if you make your payment online. You may do so at www.salsaboston.com/store.

If paying by personal check, enter state & driver license #:

3) If this order is for multiple people, please list names of additional attendees:

4) Authorizing Signature: I hereby authorize this purchase on my credit card.

X _____

5) Fax or Mail this form with payment to:

Boston Salsa Congress
24 Breakwater Dr., Chelsea, MA 02150
Fax 617-466-0880
your referrer
Please make checks payable to "Olaf Bleck"

Office Use Only

CC Pd

Check #