

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 = \$ _____

(good for any single workshop)

Referral Code: _____

Grand Total (add subtotals)

\$ _____

2) Payment Method (circle one)

MC VISA AMEX DISCOVER PERSONAL_CHECK (circle one)

Card #

Exp:

Name on

Card

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

Address (if different)

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 _____

Office Use Only

CC Pd

Check #

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"