Infinity Publishing's 9th Annual
"Express Yourself…"™ Authors' Retreat – Valley Forge, PA
Friday, September 26 – Sunday, September 28, 2008
Sheraton Park Ridge Hotel and Conference Center

R E G I S T R A T I O N F O R M

CREDIT CARD USERS MAY FAX REGISTRATION TO: 610-941-9959 OR MAIL WITH CHECK OR MONEY ORDER TO:
INFINITY PUBLISHING, 1094 New DeHaven St, Suite 100, West Conshohocken, PA 19428

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION
If you need assistance registering or have any questions please call: 877-BUY-BOOK (877-289-2665)

FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS APARTMENT #

CITY STATE ZIP CODE COUNTRY

DAYTIME PHONE EVENING PHONE MOBILE PHONE E-MAIL ADDRESS

ESTIMATED ARRIVAL TIME AND DATE ESTIMATED DEPARTURE TIME AND DATE MODE OF TRANSPORTATION

NAME OF SPOUSE / GUEST OR AUTHOR SHARING LODGING COMPANY / ORGANIZATION (if applicable)

AUTHORED TITLE OR WORK-IN-PROGRESS PUBLISHED BY

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Schedule me to do a reading: [ ] Yes [ ] No [ ] Maybe Schedule Head & Shoulder Photo: [ ] Yes [ ] No
Special diet needs:_____ Special room needs:_____

3-Day Authors' Retreat Registration	Cost
Full Package includes 2 nights lodging, all meals, and activities	[ ] $ 499.00
Full Package *without lodging* includes all meals and activities	[ ] $ 299.00
Author's Spouse/Guest with meals and sharing lodging	[ ] $ 269.00
Saturday only includes meals and activities	[ ] $ 249.00
Extra nights lodging at $119 per night [ ] Thursday [ ] Sunday	[ ] $_____
Special Book Publishing package – valid with Authors' Retreat full registrations only	[ ] $ 299.00
Attendees who have a book in progress when they register can publish at this prepaid discount now or before the first day of the 2009 conference. Total of above checked items	$_____

2-Payment registration plan: Total divided by 2 with first payment of $_____ due by **August 15, 2008**
Second payment of $_____ due by **September 15, 2008**

Registration payment method: [ ] Visa [ ] MasterCard [ ] Discover [ ] Check /MO Amount Paid $_____

Card Number _____-_____-_____-_____ Expiration date ___/___ Code_____ Billing Zip Code _____

Name on card_____ Card holder signature_____