**Registration Information**

Name:

Company:

Address:

City: State: Zip Code:

Phone: Email:

Food Allergies:

**Payment Information**

Payment Amount: $25.00 Until September 29th $50.00 After September 29th

Method: Credit Card Check; Make check payable to New England Low Vision & Blindness

Credit Card Information:

Billing Address: (If different than above)

Name:

Company:

Address:

City: State: Zip Code:

Credit Card Type: Visa MasterCard

Credit Card #:

Exp: SVC #:

Name on Card (Please print):

Authorized Signature:

Fax completed form to our secure fax number 844.364.2649

Or Mail To:

New England Low Vision and Blindness

Attn: BrailleNote Touch Workshop

799 West Boylston Street, Suite 140

Worcester, MA  01606