

2008-2009 REGISTRATION FORM

Expires June 30, 2009

Sponsoring Organization: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ Phone: _____ Fax: _____

Location of Market: _____ City/State/Zip: _____

Date(s): _____ Time(s): _____

Market Coordinator: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Bill the: Sponsoring Organization Market Coordinator

Cooperating Organizations

List other agencies or organizations participating in your market:

Name: _____	Name: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Name: _____	Name: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____

Please **complete BOTH PAGES** of this form and return to:

Alternative Gifts International
P.O. Box 3810
Wichita, KS 67201-3810

Fax: 316.269.1292
markets@alternativegifts.org
800.842.2243

OFFICE USE

Order Taken By: _____	Date Received: _____	Date Sent: _____
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