

**March 26 – 30, 2010**  
**Bat Management Workshop**  
Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number w/ Area Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number w/ Area Code: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**Credit Card Payment Information**

Please Circle Card Type:                      Visa                      MasterCard                      Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      CVA Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City / State / Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby authorize Bats, Birds, & More, Inc. to charge \$ \_\_\_\_\_ to the above listed credit card

**Do not write below this line** \_\_\_\_\_

Received by: \_\_\_\_\_

Amount Received: \_\_\_\_\_                      Date: \_\_\_\_\_

Amount Remaining: \_\_\_\_\_