



CITIZENS FOR NATIONAL SECURITY

Research / Education / Action



SEMINAR REGISTRATION FORM

1.

Name: _____ Date: _____

△ *Check here if you are a current CFNS Chairman's Roundtable member and go directly to Section 3.*

△ *Check here if you are a current CFNS Basic member and go directly to Section 2.*

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

2.

△ **I am paying by check: \$40.00 per person**

△ **Please charge my credit card: (circle one)**

Visa MasterCard American Express Discover

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Number: _____

Total amount to be charged \$ _____

Expiration Date: _____ Security Code: _____

3. GUEST INFORMATION

(Only for CFNS members who are bringing a guest, and whose dues are current)

Please clearly print guest's name, USPS address, phone number and e-mail address:
