

REGISTRATION FORM

Please fill out a separate registration form for each person.

\$30 _____ Friday Meeting
Continental breakfast, handouts, lunch

\$14 _____ Friday Evening
Meal & triple feature at historic movie theater

\$14 _____ Saturday Tour & Lunch at
Cornucopia Restaurant & Gift Shop

_____ **Total Fee Enclosed**

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Note:

May we share your contact info on a list that will be given to persons attending this conference? This will help facilitate networking with speakers and attendees: yes no

Check your preference for the Saturday tour:
 carpooling OR riding on a bus

Please submit registration by October 1, 2019.

Make check payable to:

Story City Historical Society

Send to:

Story City Historical Society
P.O. Box 104
Story City, IA 50248



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