

NECBA

June 15, 2010 Meeting

Bookstore/Company _____

Name _____

Name _____

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

**Please return this form with your check or charge information
for \$10 per person**

___ Check enclosed ___ Credit Card: ___ MC/Visa, V-code ___ ___ Discover ___ AmEx

Acct # ___ - ___ - ___ Exp. Date ___ / ___

Print Name _____

Signature _____

_____ **people @ \$10.00 each \$** _____ **TOTAL**

Deadline June 5th (no refunds after this date)

Fax to (781) 316-2605 or email to nan@neba.org

New England Independent Booksellers Association • 297 Broadway, #212 • Arlington MA
02474 (781) 316-8894 • (866) 398-8860 • fax (781) 316-2605
nan@neba.org • www.newenglandbooks.org