



LLC 9 REGISTRATION FORM

April 8-10 2005



Please type or print clearly. Your legal name and address are required and will be kept confidential. You must be at least 18 years old to attend LLC 9.

Personal Information	
Legal Name:	_____
Badge Name:	_____
Street Address:	_____
City, State, Zip:	_____
Phone:	May we call discreetly with any registration problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	_____@_____
Special Needs:	
Volunteer Opportunities: <input type="checkbox"/> I'd like to volunteer at the event. Please have the volunteer coordinator contact me.	
<input type="checkbox"/> I'd like to have my name and email included in a member listing. If you checked this box please give the following:	
Preferred Name:	_____
Preferred Email:	_____@_____
Business Name (if any):	
Business Telephone:	
Business Email Address:	_____@_____
Business Website:	
Club Affiliations:	
Have you reserved, or are you planning on reserving, a room at the host hotel?	
<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but reserved under another name. <input type="checkbox"/> No, I don't need a hotel room.	
While a response to the next two questions is not required, it would help us to better serve you in the future. This information is strictly confidential and will not be identified by individual names.	
Sexual Orientation <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other	
Gender Identification <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	

Registration Fees and Optional Items

Item Amount Totals

Phase 1 Registration (1 Nov 04 through 31 Jan 05)	\$80	
Phase 2 Registration (1 Feb 05 through 15 Mar 05)	\$110	
Phase 3 Registration (16 Mar 05 through event)	\$140	
I would like to become a "Friend of LLC 9" and have my name printed in the LLC 8 program book. Name to List: _____ Minimum Donation \$ 25 Other Donation \$ _____		
LLC 9 Pin Number: ____ x \$ 5		
LLC 9 T-Shirt (indicate number of each size – all shirts are same price) ___ S ___ M ___ L ___ XL ___ 2XL Number: ____ x \$20		
Grand Total:		

Payment Information

Sign and date the form. Mail it with your payment to the address indicated below.

Check/Money Order

Make checks and money orders payable to "LLC 9".
 Returned checks are subject to \$33 handling fee.
 All payments by check or money order must be postmarked no later than March 15, 2005.

Refunds

Refunds will be available on the following schedule:
 Prior to 1 Feb 05 = 100%;
 Prior to 1 Mar 05 = 75%;
 Prior to 20 Mar 04 = 50%.
 After 20 Mar 05 = NO REFUNDS.
 No refunds will be granted on or after March 20, 2005.
 Refunds will be made by check *after* the conference has concluded.

Signature: _____ Date signed: _____

Mail this completed registration with payment to:

Leather Leadership Conference 9
 P.O. Box 10794
 Phoenix, AZ 85064