

Boskone 47 Registration Form

___ Full memberships at \$47.00: \$___

Total: \$___

Please make out check or money order (*do not send cash thru the mail!*) to Boskone. We also accept VISA and MasterCard.

I am paying \$_____ by: ___ check/money order ___ VISA ___ MasterCard

Credit Card # _____ Exp. Date: _____

Name on card: _____

Signature: _____

Name: _____

(Please attach additional membership names and addresses on separate sheets. Thank you!)

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Country: _____ **E-mail:** _____

Please send me information about:

___ Joining NESFA ___ Obtaining space in the Dealers' Room

___ Volunteering to help ___ Entering my work in the Art Show

Mail to: Boskone 47; PO Box 809; Framingham, MA 01701; U.S.A.

Fax to: 617-776-3243 (only VISA and MasterCard on Fax orders)