

AUSTIN FAMILIES ASSOCIATION CONFERENCE
Philadelphia, Pennsylvania
August 16-18, 2018

Name:

[Please write names as you wish them to appear on name tags.]

Additional Registrant(s) with same address:

Address:

(Street) _____

(City) _____ (State) _____ (Zip) _____

(Telephone) _____ (E-Mail) _____

Earliest known Austin ancestors (with dates and places):

The Conference Registration Fee is \$100 per person. This covers the Friday and Saturday meetings, the Thursday evening social hour, and the Saturday evening dinner. The Fee is \$75 for family or friends who wish to attend only the social hour and dinner.

(# of people) _____ x \$100 = \$ _____

(# of people) _____ x \$75 = \$ _____

Enclosed is my check, payable to "AFAOA", for \$ _____

I am planning to stay at the *Courtyard by Marriott*. Yes ___ No ___ Date arriving: _____

I am interested in "early arrival" activities:

Historical Society of Pennsylvania _____, National Archives _____, Tour Historic District _____

Attractions of special interest: _____

I will need transportation _____, I can provide transportation _____

Comments and questions:

*Please send this form to the Conference Registrar:
Paula Mackey, 5104 Golden Lane, Fort Worth, TX 76123.*