



Lightning Strike & Electric Shock Survivors International, Inc.

Please print-Please complete and fax or mail to home office at least 10 days prior to conference date.

“WHERE HOPE BEGINS”

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www.lightning-strike.org

Conference Registration Form

Last Name _____ First Name _____

Lightning Strike Survivor Electric Shock Survivor

Other (Please Explain) _____

Is this your first conference? _____ YES _____ NO

Number in party who will attend? _____

Names of those attending:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

Is anyone in your party from outside your home state, or country? _____ YES _____ NO

If Yes, from where?(please list) _____

CONTACT INFO

Your address _____

City _____ State _____ Zip+4 _____ - _____

Home Phone _____ Cell Phone _____

Alternate Number or contact info _____

Email Address _____ Fax _____

Will there be any children in your group? _____ Yes _____ No

Ages of children attending: _____, _____, _____, _____