

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Tel. (_____) _____ Fax (_____) _____

E-mail _____

Attendance Selection

Please reserve _____ (no.) of seats at \$25.00 each for:

< > Lindbergh: Man, Myth and Memory,
February 22, 2002, 9am – 5pm, \$25.00.
Includes proceedings, lunch and refreshments, and
Speakers Reception and book signing from 5-6 pm after the conference.

< > I/we will require a University reserved parking pass for this event.

< > Please send me information about
Earth Shine: The Shared Vision; The Shared Legacy
of Charles A. and Anne Morrow Lindbergh,
November 15, 2002, 9am – 5pm, \$25.00.
Includes proceedings, lunch and refreshments, and
Speakers Reception and book signing from 5-6 pm after the conference.

Payment

Please print out this form and return by mail. We regret that we cannot accept credit cards or reservations by email at this time.

Total number of seats _____ reserved at \$25.00 each.
My/our check is made payable to the Lindbergh Symposium
for a total amount of _____.

Please send your check to:

Lindbergh Symposium
2075 West First Street, Suite 300
Fort Myers, FL 33901
Tel: (941) 334-2154, ext. 125; Fax: (941) 334-7009
E-mail: Lindbergh@wwrecpa.com ; On-line: www.Lindberghspirit.com