

REGISTRATION FORM: R. E. Lee Symposium

Registration is limited to 44 participants, so please respond soon.

Mr. Mrs. Ms. Dr. _____

Name for Badge(s) _____

Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____ Fax _____

Email _____

- Fee: \$450/person (double room)
- \$550/person (single room)
- \$250/person (no lodging)
- \$50/person (Friday night dinner and lecture only)
- Student interested in scholarship (please attach resume, writing sample, and letter)
- Other (please speak with Jon Bachman before filling this out)

Method of Payment

ÉCheck (Payable to the Robert E. Lee Memorial Association)

ÉCredit Card

Type: Visa Mastercard (circle one)

Card number _____

Expiration Date _____

Mail or Fax Registration Form: (For additional information, email jbachman@stratfordhall.org)

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Stratford, Virginia 22558
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