

# USSF REGISTRATION FORM

## For Organizations/Groups



Note: You will be issued a receipt for your registration and fees. Please save your receipt as proof of your payment when you arrive at the USSF Registration Table in Detroit, June 22-26, 2010. *Please complete one form per organization. Please do not mail cash.*

**Make checks and money orders to: US Social Forum 2010**

**Mail-in registration forms and payments should be sent to:  
USSF-Detroit, PO Box 3551, Highland Park, MI 48203**

Today's Date:	<input type="checkbox"/> Mail-in registration	<input type="checkbox"/> Walk-in Registration
Contact Person Name (print clearly):		
Phone: (     )	Title:	
Organization/Business Name:		
Address:		City:
State:	Zip:	E-mail:
<p><b>Please select your group registration rate. Early rates are through May 1, 2010:</b></p> <p><input type="checkbox"/> Small budget grassroots or International groups (budget under \$50,000) - \$40 early / \$60 late</p> <p><input type="checkbox"/> Organizations / K-12 schools - \$125 early / \$200 late</p> <p><input type="checkbox"/> Colleges / Universities - \$350 early / \$500 late</p> <p><input type="checkbox"/> Foundations/Funders/Businesses who have given a USSF 2010 grant - \$125 early / \$200 late</p> <p><input type="checkbox"/> Foundations/Funders/Businesses who have <i>not</i> given a USSF 2010 grant - \$500 early / \$700 late</p> <p><input type="checkbox"/> Scholarship: We cannot afford even the lowest fee and need scholarship assistance. Please fill out the Scholarship Form or call the USSF office at 1-877-515-USSF.</p>		
<p><b>Helping Hand Fund (optional)</b></p> <p><input type="checkbox"/> I would like to donate to sponsor a low-income person for the USSF. My donation is \$</p>		
<p><b>This registration payment includes three (3) persons. Please list their names on Part 2 of this registration form.</b></p>		
<p><b>Total amount paid:</b> \$                      <input type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Cash (walk-in only)</p> <p><input type="checkbox"/> I am including four (4) or more additional registrants and fees on Part 2 of this registration form.</p>		

**For mail-in registration: receipts will be emailed or U.S. mailed within 14 days from the date forms and fees are received. If you have not received a receipt after 15 days, please contact the USSF office at 1-877-515-USSF.**

\_\_\_\_\_

*For office use only:*

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Paid date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date entered into database: \_\_\_\_\_

Entered into database by: \_\_\_\_\_

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### *Part 2: List of Registrants*



Please list all persons you are registering as part of your organization's registration. Include this Part 2 form with the first page of this registration form. *Please do not mail cash.*

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The first three (3) registrants of your organization are included in your group fee. If your organization will send four (4) or more participants to the USSF, please submit their names and contact information below. Fees for additional persons are based upon your organization's budget:

**Please identify your organization's budget:**

- Under \$100,000, pay \$10 for each additional person.
- Between \$100,000-\$500,000, pay \$15 for each additional person.
- Between \$500,000-\$1 million, pay \$30 for each additional person.
- Above \$1 million, pay \$50 for each additional person.

**Please list the names and contact information for additional persons.** Use additional pages, if necessary. Print clearly.

	Name	Email or Phone Number	Cost
1			Included
2			Included
3			Included
4			
5			
6			
7			
8			
9			
10			
<b>Total: # Additional Persons X Cost per Person = \$</b>			