

FLASHPOINT

A CULTURAL DEVELOPMENT CORPORATION PROJECT

BUSINESS CENTER REGISTRATION FORM

Please complete a separate form for each attendee & email to redcircle@flashpointdc.org or fax to 202.315.1303.

Participant Name _____ Title _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone (work home cell) Phone (work home cell) Fax _____

Email _____

Free **Red Circle Member**
\$ _____ **Non-member***

*Please check the announcement for Non-Member fees.

Event Date	Event Title	Fee
SUBTOTAL		\$
Join the Red Circle		Rate *
	New membership	Membership renewal
TOTAL		\$

* Please visit www.flashpointdc.org for detailed membership info, including rates.

PAYMENT INFORMATION

Check enclosed Please bill my Visa Discover
 MasterCard American Express

Card # _____ Exp. Date _____

Card Holder Name (as it appears on card) _____ Card Holder Signature _____

Card Holder Address (if different from above) _____

Please make checks payable to: **Cultural Development Corporation**
916 G Street, NW Washington, DC 20001