

Please copy and attach to an email, or fill out and mail with a check for \$20 to:

NYCSHS MINI-CON  
C/O Ralph Schiring  
16623 Oak Street  
Omaha, NE 68130-2051

Cash or Checks only; the Registrar is not equipped to handle credit cards. Wrap any cash up securely, but we really do recommend checks.

Include an emergency medical contact; we really need you to provide this information, otherwise registration will NOT be processed.

NAME: \_\_\_\_\_

Name on badge: \_\_\_\_\_

Address: \_\_\_\_\_

# of Registrants: \_\_\_\_\_

Emergency Contact: Name, Relationship, Phone/cell/mobile #

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