

**REGISTRATION FORM  
NEW ENGLAND CLAM BOIL  
JUNE 30, 1999**

Last Name	
First Name	
Middle Initial	
Rank, Dr., Mr., Miss, Mrs., Ms.	
Number of Guests	
<b>Payment Information</b>	
Credit Card Type (✓)	MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/>
Credit Card Number	
Expiration Date (MMYY)	
Amount of Payment (\$35.00 per guest)	\$
Name as it appears on Card	
Cardholder's Mailing Address	

Please fax completed form to 1999 CCRTS, c/o EBR, Inc. at (703) 821-7742  
or mail form with check payable to EBR, Inc. to:  
1999 CCRTS c/o EBR, Inc.  
1595 Spring Hill Road, Suite 250  
Vienna, VA 22182

***DEADLINE FOR REGISTRATION IS June 15, 1999***  
***(If cancellation is necessary, no refunds will be issued after June 25, 1999)***