

Registration Form

Stonewall Jackson: A Symposium

April 18 & 19, 2008

Registration Fee: \$290.00

Name(s) _____

Name(s) preferred on name tag(s) _____

Mailing Address _____

(street/box)

_____ Phone (_____) _____

(city/state)

(zip)

E-mail Address _____

A letter of confirmation and a map of Lexington will be sent to symposium participants.
All registration forms and fees must be received by April 7th.

Enclosed is \$ _____ for _____ symposium registration(s). Please
make checks payable to **Stonewall Jackson House**, 8 East Washington Street, Lexington, Virginia
24450. For more information call the Stonewall Jackson House (540) 463-2552 or FAX (540) 463-4088
during regular office hours.

Have you attended previous Jackson Symposia?

If so, please circle: 86 88 90 92 94 96 98 00 02 04 06

[] Payment enclosed

[] MasterCard [] Visa Credit Card Expiration Date _____

Credit Card Number _____