



"I Matter" Registration Form

Name: _____

Mailing Address: _____

County: _____ City: _____ State: _____ Zip/Postal Code: _____

E-mail: _____ Telephone: (_____) _____

Please check one of the following:

___ Person with a disability

___ Family Member

___ Professional in the field

List any special accommodations: _____

PAYMENT METHOD (please check one) Please check appropriate box: Check (payable to: The Arc Mid-South) VISA MasterCard

Credit Card #: _____ Expiration Date _____

Cardholders Name: _____ Three Digit Security: _____

CC Billing Address: _____

Billing Contact Person: _____ E-mail: _____

Telephone: (_____) _____

Please mail or fax completed registration form with payment to:

**The Arc Mid-South
3485 Poplar Ave. Suite 210
Memphis, TN 38111
Phone: (901) 327-2473
Fax: (901) 327-1197**

E-mail: ljones@thearcmidsouth.org or shawkins@thearcmidsouth.org

****Do not e-mail credit card information, as security cannot be guaranteed**