

Diversicon 25 Registration

Name

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Address

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City, State/Province, Postal Code

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Email

.....

Website

.....

Phone(s)

.....

I'd like information on the following: Program Participation Dealer Table
Art Display Party Hosting General Volunteering

Enclose check or money order and mail to:

**Diversicon 25
PO Box 8036
Lake Street Station
Minneapolis MN 55408**

Make checks payable to Diversicon 25. Do not send cash.

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