MISSISSIPPI FREEDOM SUMMER 50TH ANNIVERSARY CONFERENCE
June 25-29, 2014 * Tougaloo College, Jackson, MS

CONFERENCE REGISTRATION FORM
(Please submit one form per person—please print)

Date: ____________________________

_____ I worked in the 1964 Freedom Summer Project: _____Staff  _____MS Resident  _____Volunteer

_____ Medical  _____ Legal  _____ Clergy

Other ____________________________________________________________

Prefix: __________

Name: __________________________________________________________________________________

Position/Title: _____________________________________________________________________________

Institution/Organization: _____________________________________________________________________

Address: _________________________________________________________________________________

City: _____________________________________    State: ___________    Zip: ______________

Phone: (______) __________ - __________    Cell/Fax: (______) __________ - __________

Email address: ____________________________________________________________________________

REGISTRATION FEES

ADULTS:  (Registration only. Excludes all meals-Does not include Legacy Banquet)

<table>
<thead>
<tr>
<th>COST</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Bird Registration: September 15, 2013, through April 30, 2014</td>
<td>$75.00</td>
<td>$__________</td>
</tr>
<tr>
<td>Regular Registration: May 1, 2014 through June 25, 2014</td>
<td>$100.00</td>
<td>$__________</td>
</tr>
</tbody>
</table>

STUDENTS:  (Registration only. Excludes all meals-Does not include Legacy Banquet)

<table>
<thead>
<tr>
<th>COST</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Bird Registration: September 15, 2013, through April 30, 2014</td>
<td>$50.00</td>
<td>$__________</td>
</tr>
<tr>
<td>Regular Registration: May 1, 2014 through June 25, 2014</td>
<td>$75.00</td>
<td>$__________</td>
</tr>
</tbody>
</table>

(A copy of student ID must be included with registration to qualify for special student rates)

_____Elem./Middle School    _____High School    _____College    _____Graduate School
PLEASE INDICATE THE DAYS YOU WILL BE ATTENDING:


ONE-DAY REGISTRATION RATE AND OTHER SPECIAL EVENTS:

<table>
<thead>
<tr>
<th>Day</th>
<th>ADULT</th>
<th>STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday</td>
<td>$ 25</td>
<td>$ 25</td>
</tr>
<tr>
<td>Thursday</td>
<td>$ 25</td>
<td>$ 25</td>
</tr>
<tr>
<td>Friday</td>
<td>$ 25</td>
<td>$ 25</td>
</tr>
<tr>
<td>Saturday</td>
<td>$100</td>
<td>$ 25</td>
</tr>
</tbody>
</table>

CONFERENCE TRAVEL SCHOLARSHIP DONATION:

$________
(Please help fund a Freedom Summer Volunteer or student with your tax-deductible contribution)

TOTAL AMOUNT ENCLOSED  $________

Method of payment: _______Check  _______Money Order

Please fill out this form and mail your check or money order made payable to:
Veterans of the Mississippi Civil Rights Movement, Inc. (VMCRM)
MS Freedom Summer 50th
P. O. Box 20770
Jackson, Mississippi  39289
(601) 977-7914 office  *  (601) 977-6184 fax
MSFreedomSummer50th@gmail.com

You may also register with a credit card on our website:
www.Freedom50.org

Please make a copy for your records. Return this completed 2-page Registration Form with payment.
A confirmation will be sent once payment has posted.