

Impossible Dream 2 PreRegistration Form

Primary Registrant

Full Name

First Name

Last Name

Email

example@example.com

Phone Number

Billing Address

Street Address

Street Address Line 2

City

State

Postal Code

Country

Additional Registrants (leave blank for newcomer donations)

Full Name

First Name

Last Name

Full Name

First Name

Last Name

Total Registrations

	QTY	x \$55 ea.	CREDIT CARD FEE ADD \$2.00	TOTAL
PreRegistration(s)				

Payment Information

VISA



Cash

Money Order

Credit Card

Debit Card

Credit Card Number

Security Code

Expiration Date (MM/YY)

I, _____ authorize GNYRSO to charge my credit card above for agreed upon purchases.

Customer Signature

Date

Mail Completed Form to:
 The Greater New York Regional Service Office
 Impossible Dream 2 Registrations
 154 Christopher Street, Ste. 1A
 New York, NY 10014



New York City



The Greater New York Region **CONVENTION**

August 29-31, 2025

**PreREGISTRATION
AVAILABLE NOW!**

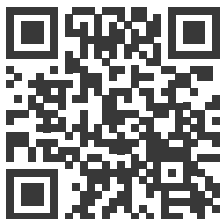


New York City

**TO REGISTER
VISIT**

www.newyorkna.org/convention

**PreRegistration \$55
Until October 31, 2024**



Scan the QR Code to Register

**SEE REVERSE SIDE FOR MAILING
INSTRUCTIONS**

**FOR MORE INFORMATION
registration@newyorkna.org**