



FRIENDS OF THE KOTZSCHMAR ORGAN
Port City Organ Festival Attendee Registration
August 20-23, 2020

FIRST NAME _____

MIDDLE NAME or INITIAL _____

LAST NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

EMAIL _____

How My Name Should Appear on my Festival badge: _____

Location or Affiliation you would like included on your badge: _____

I have some food allergies or sensitivities. Please try to keep these in mind when planning functions where food will be offered:

N/A or

Early Bird Fee, BEFORE April 1, 2020: \$400

Fee AFTER April 1, 2020: \$450

The following additional items are only available with the purchase of a full conference registration.

I need additional concert tickets for:

(Price per ticket – special reserved seating area for conference attendees and their guests; General Admission seats are also available through PortTIX.com, but seating will not be with the conference group)

- Thursday evening with James Kennerley How Many? ___ Price: \$40; TOTAL: ____
- Friday evening with Katelyn Emerson How Many? ___ Price: \$40; TOTAL: ____
- Saturday afternoon with Peter Krasinski How Many? ___ Price: \$20; TOTAL: ____
(Children 12 and under are free, but require a ticket; Student Price: \$10
How many under 12? _____ How many Student Tickets? _____; TOTAL: _____)
- Saturday evening with Olivier Latry How Many? ___ Price: \$50; TOTAL: ____
- Sunday afternoon with James Kennerley How Many? ___ Price: \$40; TOTAL: ____

I need additional tickets to the following events:

- Opening Cocktail Event (Thursday): How Many? ___ Price \$75; TOTAL: ____
- Breakfast with Bishop & Kennerley (Friday): How Many? ___ Price \$50; TOTAL: ____
- Transportation and Entry to Organ Tour (Friday): How Many? ___ Price \$75; TOTAL: ____
- Kotzschmar Organ Birthday Brunch (Saturday): How Many? ___ Price \$100; TOTAL: ____

Guest(s) will require name badges for access to concerts and events:

- 1. _____ 2. _____

PAYMENT

I am purchasing one conference registration for \$ _____

I have additional purchases totaling \$ _____

TOAL PAYMENT: \$ _____ Circle one: Enclosed Charge my Credit card

Name as it appears on Credit Card: _____

Credit Card Type (Visa/MasterCard/Discover only): _____

Credit Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

Mail in your registration to:

Friends of The Kotzschmar Organ
P.O. Box 7455
Portland, ME 04112