

## Visitor and Guest Registration

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

EMAIL (OPTIONAL)

- SELECT ONE:  I am a CFT member.  
 I am an officer or staff member of an AFT affiliate.  
 I am from another organization.

AFT AFFILIATE OR ORGANIZATION NAME

- SELECT ONE:  I am registered.  
 This is a new registration.  
 I am requesting a replacement badge.

By signing below, I certify that the information provided and the identification I have shown is true and correct. I agree that I have been invited to attend the CFT Convention by the individual identified below. As a visitor, I agree to abide by the rules of the CFT Convention and may not be permitted to attend events where delegate credentials or membership is required. Failure to follow these rules may result in dismissal from the CFT Convention and related events.

SIGNATURE OF GUEST OR VISITOR

NAME OF SPONSORING DELEGATE OR CFT STAFF MEMBER

SIGNATURE

**FOR CFT USE**

ID Verified \_\_\_\_\_ Invitation \_\_\_\_\_ Badge ID # \_\_\_\_\_ Duplicate Badge # \_\_\_\_\_