

2019 LMTI SUMMER LEADERSHIP CONFERENCE REGISTRATION FUNDING FORM

Action Group Name:

(please write name of school,
community, or group)

Fees

Add this column

| | | | | |
|--------------------------------|--|----------------|--|--|
| Total number of participants: | | x \$600.00 | | |
| Total number of YACs: | | x \$375.00 | | |
| Extra Advisor Charge (over 1): | | x \$250.00 | | |
| | | Total Fees: | | |

Deductions

Add this column

| | | | | |
|--|--|----------------------|--|--|
| Number of scholarships provided by LMTI: | | x \$600.00 | | |
| Deposits or payments enclosed or previously made: | | → | | |
| | | Total Deductions: | | |

**Subtract Deductions
from Fees**

| | | | | |
|------------|---|--|--|--|
| Total Fees | | | | |
| | — | | | |

Total Amount Owed:

Please be sure to fill out the "FUNDING SOURCES" page to insure proper parties are billed. Invoices will be sent out upon receipt of this form. All payments can be made out to "Lindsey Meyer Teen Institute" or "LMTI."
LMTI is a program of Partners in Prevention, a non-profit, 501(c)(3) organization, FID # 22-2813616.
Payments can be mailed to:

The Lindsey Meyer Teen Institute
110B Meadowlands Parkway, Suite 302
Secaucus, NJ 07094



2019 LMTI SUMMER LEADERSHIP CONFERENCE FUNDING SOURCES FORM

Action Group Name:

(please write name of school,
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| |
|--|
| |
|--|

Funding Source #1

| | | | |
|------------------|--|----------------------|-----------|
| Funder Name: | | Contact Person: | |
| Billing Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | | Amount to be billed: | |
| Email Address: | | | |

Funding Source #2

| | | | |
|------------------|--|----------------------|-----------|
| Funder Name: | | Contact Person: | |
| Billing Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | | Amount to be billed: | |
| Email Address: | | | |

Funding Source #3

| | | | |
|------------------|--|----------------------|-----------|
| Funder Name: | | Contact Person: | |
| Billing Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | | Amount to be billed: | |
| Email Address: | | | |