Arisia Income Form (Rev 9/98)

This area for office use only:

One Kendall Sq., Suite 322, Building 600
Cambridge, Massachusetts 02139

Account:_____Date Ent:_____

Arisia, Inc. is a non-profit, tax exempt and tax deductable organization as certified by IRS code 501-c(3).

Your Name:_____ Income Date:_____ Today's Date:_____

Type of income (check all that apply): convention registration___, advertising income___, donation ___, dealer's table ___, corporate membership ___, other (specify):_____

If income is an advertisment, dealer's table, or donation write purchaser info below or attach cover letter.

Purchaser Name:_____ Phone #:_____
Address:_____
_____
City _____State_____ Zip_____

Detailed List of Income:

From/Purchaser	Item	Amount

Check here if continued on back ___

Total Amount:_____

Submitted (Corporate Officer/Committee Head//Convention Officer/Division Head/Department Head):

Name:_____ Signature:_____

Treasurer's Approval (Signature): _____ Date: _____