



National Association of
Miniature Enthusiasts

Submit Your 2024 Convention Preferences

We MUST have a form submitted for EVERYONE participating in the Convention.

IMPORTANT: Please complete this Preferences Form for YOURSELF first.

If you indicate that you are bringing a Helper or Guest, you will be returned to this form to enter their details after you submit.

Please visit
www.miniatures.org/2024Franklin
to find the link to register online. The
link will go live on **January 13th at
10am EST!**

Attendee Name*
Full Name, please

Mailing Address*
If you are filling out this form for a Helper or Guest, please put THEIR address, not yours.

Street* City/Suburb

State* Zip/Post Code*

Country*

Email*
If you are filling out this form for a Helper or Guest, please put THEIR email address, not yours.

Phone*
If you are filling out this form for a Helper or Guest, please put THEIR phone number, not yours.

Role During This Event*
Indicate all that apply

Attendee

Guest

Previously attended a Convention or House Party?*

YES NO

Under the age of 18?*

YES NO

ATTENDEE: Are you bringing a Meal Guest?*
If yes, you will be asked to submit a Preferences form for your Guest after you hit the submit button.

YES NO

Dietary Restrictions
If other, please specify ("allergic to peppers", "gluten-free", "diabetic")

Vegetarian

Other

Mobility Limitations
Indicate all that apply

Wheelchair access

Scooter access

Walker access

You must fill out and submit the registration form to start your registration process and you will pay at the end.

Address and phone must match your membership records for registration to link to you. ****Don't forget country** or you won't be able to check out at the end!!

You must use the same email we have in the membership database in order for the registration to link to you. Please **DO NOT** use a different email than you have given NAME!

Select your role as an attendee.

Please give an answer to each question.

If you select Yes to bringing a meal guest, you will fill out a registration form like this for them after you hit submit. You will also add the \$151 option to the cart during checkout.

Skip this if you do not have any dietary restrictions.

Preferred Scale

1"

1/2"

1/4"

Micro

Submit

Remember all contact information needs to match your membership information for registration to link to you

Let us know what your preferred scale is. This will help us with table seating and other areas of the convention.

Click on Submit and it will take you to the payment portal..or....If you selected you will be bringing a meal guest, it will take you to this form again to fill out for them. At the end of their form when you hit select, it will take you to the cart.

Click on "Select This" button to add your registration.



2024 Convention - Attendee Registration
\$265.00

Select This



2024 Convention - Meal Guest
\$151.00

Select This



2024 Convention - Attendee Registration

\$265.00

1 item in the cart

Add More

Go to Checkout

If you have a meal guest, you can select the icon in the bottom left to add that fee to the cart as well.

You May Also Need

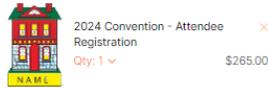


2024 Convention - Meal Guest
\$151.00

Go to checkout to pay once your registration and/or meal guest is in your cart.

Shopping cart

Store / Shopping cart



TOTAL \$265.00

Looking for more? [Continue shopping](#)

Checkout

Enter your email address. This address will be used to send you order status updates.

Checkout All data is transmitted encrypted via a secure TLS connection



Next

Payment information
Choose a payment method and enter your payment details.

Order confirmation
Place your order and receive a confirmation email.

- [My Account](#)
- [Track Orders](#)
- [Shopping Cart \(1\)](#)

Add email. Again, make sure it matches the email you have given us for your membership.

“Checkout”

Shopping cart

[Back to store](#)



TOTAL \$265.00

Checkout

Email
logansmommy04@yahoo.com [Change email](#)

Payment information

Choose a way to pay for your order:

Credit or debit card 

PayPal 

Secure payment form 

Card number

Expiration date **Security code** [What's this?](#)

Billing address

All fields are required unless they're explicitly marked as optional.

Country

First and last name **Phone (optional)**

Company name (optional)

Address

City **Zip**

State

Pay \$265.00

You can pay by credit card or PayPal.

You may have to do a two-step verification for security purposes on your payment information. If so, your payment information will not process without doing this step.

Remember all information needs to match your membership information.

A payment receipt will be emailed to you so please watch your inbox or spam box.

You will NOT receive a receipt from NAME so this will be your only payment record.