

"In the Tradition..." 43rd Annual National Black Storytelling Festival and Conference
"Journeys Well Traveled!"
NOVEMBER 19-23, 2025
Atlanta, Georgia
Co-Hosts: Kuumba Storytellers of Georgia

REGISTRATION FORM

One form per registrant * Copies may be made * Please **print clearly in all CAPITAL LETTERS.**

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail Address _____ NABS Affiliate Membership _____

***REGISTRATION FEES (Includes meals)**

***Postmarked On or before 10/22/25**

Member	Non-Member
[] \$350 Adult*	[] \$400 Adult
[] \$300 Elder*	[] \$375 Elder
[] \$150 Youth*	[] \$150 Youth

***On-Site Registration**

Member	Non-Member
[] \$450 Adult	[] \$500 Adult
[] \$400 Elder	[] \$450 Elder
[] \$150 Youth	[] \$150 Youth

* Dues for 2025 **must** be current to receive this rate.

* \$50 Processing fee for returned checks

* **No checks accepted onsite.**

* Registrations received via fax require a credit card number for processing.

Total _____

EXTRAS....

ATLANTA BLACK HERITAGE TOUR	\$50/person # _____	Total _____
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T-SHIRTS

Size	How many?
S @ \$25	_____
M @ \$25	_____
L @ \$25	_____
XL @ \$30	_____
2XL @ \$30	_____
3XL @ \$30	_____

T-SHIRTS (Long Sleeve)

Size	How Many?
S @ \$30	_____
M @ \$30	_____
L @ \$30	_____
XL @ \$35	_____
2X @ \$35	_____
3X @ \$35	_____

SWEAT SHIRTS

Size	How Many
S @ \$35	_____
M @ \$35	_____
L @ \$35	_____
XL @ \$40	_____
2XL @ \$40	_____
3XL @ \$40	_____

Total _____

MEMBERSHIP DUES (January 1 - December 31, 2026)

NOTE: NOT applicable for the 2025 reduced member registration fee.

[] \$1,000 Gold Life Member Dues	[] \$500 Silver Life Member	[] \$100 Contributing
[] \$60 Regular	[] \$30 Elder	[] \$15 Youth

Total _____

CONTRIBUTION

[] \$25	[] \$50	[] \$100	[] Other \$ _____	Total _____
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PATRONS

[] \$40 - Mother Mary Carter Smith	[] \$25 - Mama Linda Goss
[] \$15 - Linda Jenkins Brown	[] \$10 - Brother Blue & Ruth Hill

TOTAL DUE: \$ _____

PAYMENT

☐ Check ☐ Money Order ☐ Discover
☐ American Express ☐ Master Charge ☐ Visa

Card# _____ Expiration Date _____ Security Code _____

Cardholder's Name (PLEASE PRINT CLEARLY IN ALL CAPITAL LETTERS) _____

Cardholder's Signature _____

Complete Registration Form and MAIL with Payment before October 22, 2025 to:

**NABS
Festival Registration
P. O. Box 67722
Baltimore, MD 21215**

Please note: After October 22, 2025 you must register on site.

Substitution, Cancellation & Refund Policy - Substitution of registrants must be received in writing and can be made at any time. Cancellations must be received in writing on or before October 22, 2025 and will incur a \$50 cancellation fee. Cancellation requests will not be accepted after October 22, 2025. **There will be a \$50 processing fee for each check not honored by the bank.**