




[Registration](#) -> [Billing](#) -> [Review](#) -> **Finish**



Thank you, Peter, we have received your registration. Please print the below information for your records. We look forward to seeing you soon!

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Transaction Summary

Description	Amount
<i>Confirmation Number: 3916461638175425:YYYY:</i>	
Non-profit/FDU Faculty and Staff - \$95.00	\$95.00
Quantity 1	
<hr/>	
	Total: \$95.00

Billing Information

Full Name:

Thomas P Burgess

Billing Email:

peterbnyc@gmail.com

Billing Phone:

5702021739

Billing Address:

204 Seaham Court

Address 2:

City:

Bushkill

State:

PA

Zip/Postal Code:

18324

Country:

US

Credit Card Information

Type of card:

VISA

Credit Card Number:

****4886

Registration

Peter Burgess

Tickets: ISE and CHRMS Anniversary Celebration

First Name:

Peter

Last Name:

Burgess

Email:

peterbnyc@gmail.com

Are you attending?

Yes

Non-profit/FDU Faculty and Staff

1

Guest Names

Peter Burgess

Sustainable seafood

1

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