



BEANTOWN BLITZ REGISTRATION

Team #: _____ Team Name: _____

School(s): _____

Address: _____

Town/City: _____ State _____ Zip: _____

Industry Partner: _____

Lead Mentor(s) Name _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Need Invoice: yes no

Need Receipt: yes no

*Registration Fee is \$300.00. Please make your check payable to "Northeastern University"
with "Beantown Blitz" in the memo field. Mail to:*

Beantown Blitz
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