

La Leche League of Eastern Pennsylvania 2014 Area Conference Registration Form

PRIMARY REGISTRANT:

Name:		
Address:		
City:	State:	Zip:
Phone: ()		
Email:		
LLL Group you attend:		
Check all that apply		
<input type="checkbox"/> Leader _____ yrs	<input type="checkbox"/> IBCLC	
<input type="checkbox"/> Leader Applicant	<input type="checkbox"/> RN	
<input type="checkbox"/> LLL Member	<input type="checkbox"/> Conference Speaker	
<input type="checkbox"/> Alumna Leader	<input type="checkbox"/> Seat me at the Alumnae table	
<input type="checkbox"/> Area Council (specify) _____		
<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> I am attending for CERPs (Please include \$12 fee per CERP session)		
<input type="checkbox"/> Yes! I am interested in volunteering (check all that apply)		
Where: <input type="checkbox"/> Children's Activities <input type="checkbox"/> Registration		
<input type="checkbox"/> Silent Auction <input type="checkbox"/> Area Sales <input type="checkbox"/> Where Needed		
When: <input type="checkbox"/> Registration <input type="checkbox"/> Session # <input type="checkbox"/> Close <input type="checkbox"/> As needed		

PRIMARY REGISTRANT WORKSHOP SELECTIONS

	SATURDAY				SUNDAY	
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 7
Choice 1						
Choice 2						

SECONDARY REGISTRANT:

Name:	
Check all that apply <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Grandparent	
<input type="checkbox"/> Speaker	

On the back of this form, please list all additional adults and children who will accompany you to the conference. All attendees must have nametags.

SECONDARY REGISTRANT WORKSHOP SELECTIONS

	SATURDAY			
	Session 1	Session 2	Session 3	Session 4
Choice 1				
Choice 2				

Fill out only if attending sessions.

Register Online:

www.LLLofeasternpa.org/conference2014

Check here if you have a disability and may require accommodation to fully participate. Please indicate need:

Stroller permit for special situations such as multiples or mother's / baby's disabilities.

Make checks payable to "LLL of Eastern PA."

Mail completed form by October 12 to:

Area Conference Registrar - 901 Cherry Hill Road - Bloomsburg, PA 17815

Registrations postmarked between October 13-17 must include a \$10 late fee.

Registrations postmarked after October 17 must include a \$15 late fee.

REGISTRATION FEES:	\$ Each	Qty	\$ Subtotals
FRIDAY:			
Primary Registrant	Free		
Family Members Attending	Free		
Attending only Friday Meet & Greet	\$5.00		
SATURDAY:			
LLL Leader/Applicant/Alumna	\$75.00		
LLL Member	\$85.00		
Non-Member	\$95.00		
Spouse/Grandparent	Free		
Alumna Special (lunch / session 306 only)	\$30.00		
SUNDAY: Leader Enrichment Workshop			
LLL Leader	\$45.00		
LLL Leader Applicant	\$45.00		
OTHER FEES:			
Late Fee (October 13-17)	\$10.00		
On-Site Late Fee (after Oct 17)	\$15.00		
LLL EPA Basic Annual Membership	\$30.00		
LLL EPA Annual Membership	\$50.00		
CERP Fee (per session)	\$12.00		

MEALS:	\$ Each	Qty	\$ Subtotals
Saturday Breakfast Buffet			
Adult/child- with hotel room	Free		
Adult- without hotel room	\$15.60		
Child (age 4-12 yr)	\$7.50		
Child (age 3 and under)	Free		
Saturday Luncheon Buffet (1 included with primary registration)			
Adult- with primary registration	Free		
Adult (additional, age 13 and up)	\$25.00		
Child (age 4-12 yr)	\$12.50		
Child (age 3 and under)	Free		
Kosher Meal, meat (all ages)	\$25.00		
Saturday Dinner Buffet (not included with registration)			
Adult (age 13 and up)	\$28.00		
Child (age 4-12 yr)	\$14.00		
Child (age 3 and under)	Free		
Kosher Meal, meat (all ages)	\$28.00		
Sunday Breakfast Buffet			
Adult/child- with hotel room	Free		
Adult- without hotel room	\$15.60		
Child (age 4-12 yr)	\$7.50		
Child (age 3 and under)	Free		
Sunday Plated Lunch (1 included with primary registration)			
Primary Registrant *	Free		
All ages (additional) *	\$30.00		
Kosher Meal, meat, Primary Registrant	Free		
Kosher Meal, meat (additional, all ages)	\$30.00		
* please mark choice / #: <input type="checkbox"/> salmon <input type="checkbox"/> pork <input type="checkbox"/> vegan			
* mark dessert choice / #: <input type="checkbox"/> fruit plate <input type="checkbox"/> chocolate cake			

CONTRIBUTIONS:	\$ Each	Qty	\$ Subtotals
Donations			
Friendly Message (write on back)	\$5.00		
Children of LLL (list on back)	\$2.00		

Note: Must be received by Oct. 12 to be included in the Program Booklet.

Total charges: _____

Discount: _____

TOTAL DUE: _____

Check #: _____

Please calculate your fees carefully.