

# La Leche League of Eastern Pennsylvania 2013 Area Conference Registration Form

**PRIMARY REGISTRANT:**

Name:		
Address:		
City:	State:	Zip:
Phone: (    )		
Email:		
LLL Group you attend:		
<b>Check all that apply</b>		
<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 6
Choice 1						
Choice 2						

**SECONDARY REGISTRANT:**

Name:	
<b>Check all that apply</b> <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/conference2013](http://www.LLLofeasternpa.org/conference2013)

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 4 to:

Area Conference Registrar - 901 Cherry Hill Road - Bloomsburg, PA 17815  
 Registrations postmarked between October 5-9 must include a \$10 late fee.  
 Registrations postmarked after October 9 must include a \$15 late fee.

REGISTRATION FEES:	\$ Each	Qty	\$ Subtotals
<b>FRIDAY:</b>			
Primary Registrant	Free		
Family Members Attending	Free		
Attending only Friday Meet & Greet	\$5.00		
Manager's Reception-hotel guest	Free		
<b>SATURDAY:</b>			
LLL Leader/Applicant/Alumna	\$75.00		
LLL Member	\$85.00		
Non-Member	\$95.00		
Spouse/Grandparent	Free		
Alumna Special (lunch only)	\$25.00		
<b>SUNDAY: Leader Enrichment Workshop</b>			
LLL Leader	\$45.00		
LLL Leader Applicant	\$45.00		
<b>OTHER FEES:</b>			
Late Fee (October 5-9)	\$10.00		
On-Site Late Fee (after Oct 9)	\$15.00		
LLL EPA Basic Annual Membership	\$25.00		
LLL EPA Annual Membership	\$40.00		
CERP Fee (per session)	\$12.00		

MEALS:	\$ Each	Qty	\$ Subtotals
<b>Saturday Breakfast Buffet (2 Adults / children free with hotel room)</b>			
Adult/child- with hotel room	Free		
Adult- without hotel room	\$15.60		
Child (age 6-12 yr)	\$7.75		
Child (age 5 and under)	Free		
<b>Saturday Luncheon Buffet (1 included with primary registration)</b>			
Adult- with primary registration	Free		
Adult (additional, age 13 and up)	\$25.00		
Child (age 6-12 yr)	\$12.50		
Child (age 5 and under)	Free		
Kosher Meal (all ages)	\$25.00		
<b>Saturday Dinner Buffet (not included with registration)</b>			
Adult (age 13 and up)	\$28.00		
Child (age 6-12 yr)	\$14.00		
Child (age 5 and under)	Free		
Kosher Meal (all ages)	\$28.00		
<b>Sunday Breakfast Buffet (2 Adults / children free with hotel room)</b>			
Adult/child- with hotel room	Free		
Adult- without hotel room	\$15.60		
Child (age 6-12 yr)	\$7.75		
Child (age 5 and under)	Free		
<b>Sunday Plated Lunch (1 included with primary registration)</b>			
Primary Registrant *	Free		
All ages (additional) *	\$32.00		
Children's Chicken Meal (all ages)	\$15.00		
Kosher Meal, Primary Registrant	Free		
Kosher Meal (Additional, all ages)	\$32.00		
* please mark choices / #: <input type="checkbox"/> salmon <input type="checkbox"/> pork <input type="checkbox"/> vegetarian			

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. 9 to be included in the Program Booklet.

**Total charges:**

**Discount:**

**TOTAL DUE:**

Check #: \_\_\_\_\_

Please calculate your fees carefully.