

# La Leche League of Eastern Pennsylvania 2015 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)		
<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
<b>When:</b> <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 or <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/conference2015](http://www.LLLofeasternpa.org/conference2015)

We would be happy to print a list of your session topic & room #s, so that a caregiver not attending sessions can locate you, should the need arise:

- Caregiver will attend sessions with mother & baby.  
 Caregiver needs a list of session locations only.

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 / baby with disabilities.

REGISTRATION FEES:	\$ Each	Qty	\$ Subtotals
<b>FRIDAY:</b>			
Primary Registrant	Free		
Family Members Attending	Free		
Attending only Friday Meet & Greet	\$5.00		
<b>SATURDAY:</b>			
LLL Leader/Applicant/Alumna	\$75.00		
LLL Member	\$85.00		
Non-Member	\$95.00		
Spouse/Grandparent	Free		
Alumna Special (lunch / session 305 only)	\$32.00		
<b>SUNDAY: Leader Enrichment Workshop</b>			
LLL Leader/Applicant/Alumna	\$45.00		
<b>OTHER FEES:</b>			
Late Fee (October 6-10)	\$10.00		
On-Site Late Fee (after Oct 10)	\$15.00		
LLL EPA Basic Annual Membership	\$30.00		
LLL EPA Annual Membership	\$50.00		
CERP Fee (per session)	\$12.00		
<b>MEALS:</b>			
<b>Saturday Luncheon Buffet</b> (1 included with primary registration; put a 1 in Qty space if eating)			
Primary Registrant	Free		
Adult (additional, age 12 and up)	\$27.00		
Child (age 3-11 yr)	\$16.00		
Child (under age 3)	Free		
Kosher Meal, meat, Primary Registrant	Free		
Kosher Meal, meat (additional, all ages)	\$27.00		
<b>Saturday Dinner Buffet</b> (not included with registration)			
Adult (age 12 and up)	\$28.00		
Child (age 3-11yr)	\$14.00		
Child (under age 3)	Free		
Kosher Meal, meat (all ages)	\$28.00		
<b>Sunday Plated Lunch</b> (1 included with primary registration; put a 1 in Qty space if eating)			
Primary Registrant *	Free		
Adult (additional, age 12 and up) *	\$36.00		
Child (age 3-11 yr) *	\$23.00		
Child (under age 3) *	Free		
Kosher Meal, meat, Primary Registrant	Free		
Kosher Meal, meat (additional, all ages)	\$36.00		
*please mark choice / # <input type="checkbox"/> haddock <input type="checkbox"/> pork <input type="checkbox"/> vegan			
*mark dessert choice / # <input type="checkbox"/> fruit plate <input type="checkbox"/> chocolate cake			
<b>CONTRIBUTIONS: **</b>			
Donations	<del>XXXXXX</del>	<del>XXXXXX</del>	
Friendly Message (write on back)	\$5.00		
Children of LLL (list on back)	\$2.00		
<b>** Note: Must be received by Oct. 9 to be included in the Program Booklet.</b>			

Total charges:

Discount:

**TOTAL DUE:**

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

Please calculate your fees carefully.  
Make checks payable to "LLL of Eastern PA."

Registrations postmarked October 6-10 must include a \$10 late fee.  
Registrations postmarked after October 10 must include a \$15 late fee.