

**Registration Form**

Please fill out both sides

**Please Print Clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of LLL Group: \_\_\_\_\_ LLLI/Area Position \_\_\_\_\_

**Please list names of those accompanying you:**

Spouse/Grandparent's name attending sessions: \_\_\_\_\_

Children & Ages \_\_\_\_\_

Caregiver (over age 16) \_\_\_\_\_

Please check all that apply:

- LLL Member
- Non-member
- Leader
- Leader Applicant
- Speaker
- Healthcare Prov.
- LLLI Rep
- Area Council
- ACf Committee
- Exhibitor
- HPS Registrant

**Workshop Choice**

Session	1st	2nd	3rd
I			
II			
III			
IV			
V L/LA Only			
VI L/LA Only			

**Spouse/Grandparent Workshop Choice**

Session	1st	2nd	3rd
I			
II			
III			
IV			

Number of children who will be attending Children's Sessions: \_\_\_\_\_

Yes, I would like to help at the conference:  
(Please check box and circle preferred area and session timeslot)

- Friday Night Registration
  - Saturday Morning Registration
  - Saturday Lunch
  - Session Monitor
  - Saturday Dinner
  - Bookstore
  - Sunday Registration
  - Silent Auction
  - Theme Baskets
  - Where Needed
- Session Timeslots: I II III IV V VI

**Mail by March 13, 2007 to avoid the \$10 late fee!  
No meals available after March 27, 2007.**



Check here if you have a disability and may require accommodation to fully participate y  
Indicate need: \_\_\_\_\_

Check here for Stroller Permit y

Send completed form, program messages, and fees to:  
 Chrys Prip, Registrar, 156 Candlewood Lake Road, Brookfield, CT 06804

<b>Saturday Registration Fees:</b>			<b>Please attach "Children of LLL" listing and Anniversary Messages to this form!</b>
LLL Leader	\$40	\$	
LLL Member	\$50	\$	
Non-Member	\$60	\$	
Spouse/Grandparent Attending Sessions	___ x \$10	\$	<b>TOTALS</b>
<b>Saturday Registration Fee Total =</b>			Saturday Registration Fee
<b>Sunday Registration Fees:</b>			Sunday Registration Fee
LLL Leader/Leader Applicant Includes Brunch for Registrant	\$30	\$	Weekend Meal Total
<b>Sunday Registration Fee Total =</b>			LLL Membership # ___ x \$40
<b>Saturday Lunch</b>			CERP's Sessions # ___ x \$5
Adult # ___ Chicken # ___ Fettuccini	x \$25	\$	Anniversary Message # ___ x \$5
Child # ___ Chicken # ___ Grilled Cheese	x \$10	\$	Children of LLL # ___ x \$2
<b>Saturday Lunch Total =</b>			Donation
<b>Saturday Dinner</b>			Sandra Phillips Speech Ticket # ___ x \$5.00
Adult # ___ Chicken # ___ Veggies	x \$30	\$	Basket Tickets # ___ 12@\$5
Child # ___ Meat # ___ No Meat	x \$10	\$	\$10 Late Fee after 3/13/07
<b>Saturday Dinner Total =</b>			Group Table # ___ x \$10
<b>Sunday Brunch Order Form for Spouses, Grandparents and Children of Registrants ONLY</b>			Speaker/Other Deduction
Adult # ___	\$25	\$	<b>GRAND TOTAL:</b>
Child # ___	\$10	\$	\$
<b>Sunday Brunch TOTAL =</b>			
<b>Weekend Meal Total = \$</b>			
<b>Method of payment:</b>			
y Check or Money Order Payable to LLL of CT			
y Visa y Mastercard			
Credit Card Number _____			
Signature _____ Exp. Date ___/___/___			