

Section 1. Attendee Information

Name _____
 (as you would like it to appear on your nametag)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Check all that apply:

LLL Leader
 Area Council
 Area Department Coordinator _____
 Department of interest _____
 TEAM Staff
 I would like to volunteer to help at this event.
 I am a LLL Breastfeeding Helpline-US volunteer.
 Check here if you have a disability-related need that may require accommodations in order to fully participate in this event. Please specify.

LLL Area _____

LLL Position _____

Enter number of children attending from each age group:
 <1 year _____ 1-5 yrs _____ 6-12 yrs _____ 13+yrs _____

Caregiver's Name _____

Section 2. Optional Meal Selections for family members attending TEAM08 with you or additional meals for yourself if you choose Option 2 or 3. Prices include tax and tip.

	# Adults	# Children (ages 2-10)
Weds Fiesta Social	__ × \$7.50 = \$ ____	__ × \$3.75 = \$ ____
Thursday		
Breakfast	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Lunch	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Friday		
Breakfast	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Lunch	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Saturday		
Breakfast	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Lunch	__ × \$24 = \$ ____	__ × \$12 = \$ ____
Ice Cream Social	__ × \$9.50 = \$ ____	__ × \$4.75 = \$ ____
Sunday Brunch	__ × \$24 = \$ ____	__ × \$12 = \$ ____
(Transfer to 3b)		
2. TOTAL	Adult's Total	Children's Total
\$ _____ =	\$ _____ +	\$ _____

Registration Deadline: June 1, 2008

Online registration and payment via PayPal available at:
www.lllusa.org/USWD/EVENTS/



Registration Options:

Option 1: The full five-day registration fee of \$225 includes three breakfasts, three lunches, Sunday brunch, fiesta and ice cream socials and session materials/handouts.

Option 2: \$160 includes three lunches, Sunday brunch, fiesta and ice cream socials and session materials/handouts. No breakfasts.

Option 3: \$125 includes fiesta and ice cream socials and session materials/handouts. No meals. *The complete TEAM08 program continues during meals with Table Topics during lunches and discussions/presentations during Sunday Brunch. Option 3 does not include these segments of the program.*

Section 3. Payment Totals

3a	Registration Fee <input type="checkbox"/> Option 1: \$225 <input type="checkbox"/> Option 2: \$160 <input type="checkbox"/> Option 3: \$125	
3b	Extra Meals (From Section 2)	
	Donation to: <input type="checkbox"/> LLL Breastfeeding Helpline-US <input type="checkbox"/> World Breastfeeding Week	
	Subtotal	
	Discount (guest, staff, scholarship)	< >
	Total Fees	

Section 4. Payment Information

I'm enclosing a check payable to USWD.
 Please mail registration form and check to: Katie Field
 505 W. High Street
 Urbana, IL 61801

I'm paying by credit card via PayPal.
 1. Register online OR mail this form to Katie Field
 2. Visit www.paypal.com; transfer payment to uswdregister@gmail.com

Questions?

For more info, contact Patty Jacobs at
 510.522.0979 or jacobs15@alamedanet.net