

Fee Schedule and Registration Information	
Registration Fees	Registration Checklist
<p><u>Class Fees</u></p> <p>4 Days \$415 \$ _____</p> <p>Due Now \$215</p> <p>2 Days \$285 \$ _____</p> <p style="padding-left: 20px;">(Entire amount due now)</p> <p>4-day Non-participant \$375 \$ _____</p> <p>2-day Non-participant \$225 \$ _____</p> <p><u>Registration for Mini-class</u> \$30 \$ _____</p> <p><u>Tour Fee</u> \$55 \$ _____</p> <p><u>Merchandise Night Table</u> \$ _____</p> <p>Full Table \$50 \$ _____</p> <p style="padding-left: 20px;">If electricity is required \$15 \$ _____</p> <p>Chapter Table \$25 \$ _____</p> <p><u>Seminar Souvenir Pin</u> \$5 \$ _____</p> <p><u>Guest tickets</u></p> <p>Opening Banquet \$40 \$ _____</p> <p>Closing Banquet \$40 \$ _____</p> <p><u>Late Registration Fee</u> \$40 \$ _____</p> <p>Less Pre-Registration Fee [\$40] - \$ _____</p> <p><b><u>Total Due With this Registration form:</u></b> \$ _____</p>	<p><b>Have you enclosed.....</b></p> <p>_____ Completed and Signed Registration Form</p> <p>_____ Completed Fee schedule with check or Money Order (US Funds) Made payable to: <b>GLR Seminar 2009</b></p> <p>(Any returned checks will incur a \$40 processing fee and your registration will be delayed.)</p> <p>Please put First-Class Postage Stamps on each envelope:</p> <p>_____ SASE for Class Confirmation</p> <p>_____ SASE for Roommate List</p> <p>_____ SASE for Merchandise Night</p> <p>_____ SASE for Teacher's Showcase</p> <p style="text-align: center;"><b><i>You must sign and date this form below.</i></b></p> <div style="border: 1px solid black; padding: 5px;"> <p><i>Please make a copy of this form for your records and send completed form with payment to:</i></p> <p style="text-align: center;"><b>Nancy Curran, Registrar</b>  <b>59280 Lone Oak Lane</b>  <b>Ray Township, MI 48096-3563</b>  Telephone; (586) 630-4072 (No collect calls)  Email: angstitcher@comcast.net  Subject line must read: <b>GLR Seminar 2009</b></p> </div>
<p><b>Are you.....</b></p> <p>_____ A first-time GLR attendee?</p> <p>_____ Willing to be an angel?</p> <p>_____ Willing to accept collect call about your registration?</p> <p>_____ Interested in participating in teacher's Showcase?</p> <p>_____ Willing to volunteer for other seminar activities? (bookstore, boutique, meals, etc.)</p> <p>_____ An Officer or hold a position in your chapter or on GLR Board?</p> <p>If so, what position? _____</p>	<p><b>Do you.....</b></p> <p>_____ Need a Roommate List</p> <p>_____ Have special dietary needs?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>GLR Seminar 2009 cannot be responsible for meals that do not meet dietary needs not stated above. Please specify your needs so that we may help you enjoy the Seminar.</p>

Reminder: **You must be a registered guest at the Ritz-Carlton Hotel to participate in GLR Seminar 2009. Call the hotel directly to make your reservations.** (See page 5 of the brochure)

**GLR Seminar 2009 cannot be responsible for meals that do not meet dietary needs which are NOT stated above. I agree to release The Embroiderers' Guild of America, Inc., The Great Lakes Region, and the Monguagon Chapter of The Embroiderers' Guild of America, Inc., from any liability for theft, property damage, or personal injury while participating in or attending any or all of the functions and meetings of the Great Lakes Region Seminar 2009. I understand that cancellation must be made in writing, by Priority Confirmation Mail, to the Registrar by February 1, 2009. No refund requests will be considered after February 1, 2009.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Great Lakes Region Seminar 2009  
**Great Lakes... Great Stitching**  
*"Cruising the Great Lakes on the SS Monguagon"*  
April 26–30, 2009

This form must be postmarked on or before **November 15, 2008**, to receive first-day consideration

**REGISTRATION FORM**

(Please print or type)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING if different) \_\_\_\_\_

CHAPTER \_\_\_\_\_ EGA# (required) \_\_\_\_\_

NAME FOR NAMETAG \_\_\_\_\_

MAY WE PUBLISH YOUR EMAIL ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_

**CLASS REGISTRATION:** Three class choices may be listed.  
List four-day class selections in both Monday–Tuesday and Wednesday–Thursday

**Two-Day or Four-Day Class - April 27–28 (Monday-Tuesday)**

	Number	Title	Teacher
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

**Two-Day or Four-Day Class - April 29–30 (Wednesday-Thursday)**

	Number	Title	Teacher
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

**Mini-Class - April 26 (Sunday)**

	Number	Title	Teacher
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

**EMERGENCY INFORMATION: IN CASE OF AN EMERGENCY, PLEASE NOTIFY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Work/cell \_\_\_\_\_

*These forms may be copied.*

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*(Do not write in this space. For Registrar use only.)*

Participant Name \_\_\_\_\_ Postmark Date \_\_\_\_\_

Confirmation mailed \_\_\_\_\_

Amount Received \_\_\_\_\_

Kit Fees Due \_\_\_\_\_

Total Balance Due \_\_\_\_\_

Balance Received \_\_\_\_\_