

| Great Lakes Region Seminar 2014 — Fee Schedule and Registration Information | | | |
|---|-----------|---|--|
| Registration Fees | | Registration Checklist | |
| <u>Class Fees</u> | | Have you enclosed..... | |
| 4-Day Student | \$425 \$ | <input type="checkbox"/> completed and signed Registration Form? | |
| Due Now | \$250 \$ | <input type="checkbox"/> completed Fee Schedule? | |
| 2-Day Student | \$290 \$ | <input type="checkbox"/> check or money order? | |
| (Entire amount due now) | | Make checks payable to "GLR Seminar 2014" | |
| | | (Any returned check or money order will incur a \$40 processing fee, and your registration will be delayed.) | |
| <u>Registration for Mini-Class</u> | \$30 \$ | | |
| <u>Tuesday Night Out</u> | | Are you..... | |
| <u>Gerald R. Ford Presidential Museum</u> | | <input type="checkbox"/> a first-time GLR seminar attendee? | |
| Fee for Tour & Dinner | \$50 \$ | <input type="checkbox"/> willing to be a classroom angel? | |
| | | <input type="checkbox"/> willing to accept collect calls about your registration? | |
| | | <input type="checkbox"/> interested in participating in Teachers' Showcase? | |
| | | <input type="checkbox"/> willing to volunteer for other seminar activities? | |
| | | (i.e., bookstore, boutique, meals, needleart exhibit, etc.)? | |
| | | <input type="checkbox"/> an officer or do you hold a chapter or GLR board position? | |
| | | If so, what position(s)? | |
| | | | |
| | | | |
| | | | |
| <u>Seminar Souvenir Magnet</u> | \$7 \$ | | |
| <u>Guest Banquet Tickets</u> | | Do you..... | |
| (Seminar fees include your banquets) | | <input type="checkbox"/> need a Roommate List? | |
| Opening Banquet Guest | \$40 \$ | <input type="checkbox"/> wish to exhibit in the Great Lakes Region Needlearts Exhibit ? | |
| Closing Banquet Guest | \$40 \$ | <input type="checkbox"/> have special dietary needs? If so, describe below: | |
| | | | |
| | | | |
| | | | |
| <u>Late Registration Fee</u> | | (All listed dietary needs will be forwarded to the hotel's staff who will try their best to meet your needs. We must know in advance to have adequate time to inform hotel.) | |
| (if registering after December 31, 2013) \$ | \$40 \$ | | |
| <u>Less</u> Early-Registration Deposit Paid | (\$50) \$ | | |
| | | | |
| Total Due (with this form): | \$ | Please make a copy of this form for your records and send completed form with payment to the following address: | |
| | | Carmen Heare, Registrar | |
| | | 380 Lynndale Drive | |
| | | Akron, OH 44313 | |
| | | Telephone: 330-923-1615 | |
| | | E-mail questions to: seminar2014@ega-qlr.org | |
| | | Subject line must read as follows: GLR Seminar 2014 | |
| <u>You must sign and date this form below.</u> | | | |

Great Lakes Region Seminar 2014 — April 13 - 17, 2014

A GRAND TIME FOR STITCHING

This form must be postmarked on or before **November 15, 2013**, to receive first-day consideration.
For Early Registrants, the same deadline applies to keep your Early Registration class assignments.

REGISTRATION FORM

(Please print or type)

Name _____
Address _____
City/ State/ Zip _____
E-Mail _____
Primary Phone # _____ Alternate Phone # _____
Chapter _____ EGA# _____
Name for Name Tag _____
May we publish your e-mail address? ☐ Yes ☐ No

CLASS REGISTRATION (List up to three choices.)

(List four-day class selection in both Monday -Tuesday and Wednesday -Thursday sections.)

Four-Day or Two-Day Classes - April 14-15 (Monday -Tuesday)

| Number | Class Title | Teacher |
|-------------------|-------------|---------|
| 1st Choice: _____ | _____ | _____ |
| 2nd Choice: _____ | _____ | _____ |
| 3rd Choice: _____ | _____ | _____ |

Four-Day or Two-Day Classes - April 16-17 (Wednesday -Thursday)

| Number | Class Title | Teacher |
|-------------------|-------------|---------|
| 1st Choice: _____ | _____ | _____ |
| 2nd Choice: _____ | _____ | _____ |
| 3rd Choice: _____ | _____ | _____ |

Mini-Classes - April 13 (Sunday)

| Number | Class Title | Teacher |
|-------------------|-------------|---------|
| 1st Choice: _____ | _____ | _____ |
| 2nd Choice: _____ | _____ | _____ |
| 3rd Choice: _____ | _____ | _____ |

IN CASE OF AN EMERGENCY, PLEASE NOTIFY THE FOLLOWING PERSON:

Name: _____
Relationship: _____ Phone(s): _____

These forms may be copied.

(Do not write in the spaces below. They are for Registrar's use only.)

| | | | |
|---------------------|-------|-------------------|-------|
| Participant Name | _____ | Postmark Date | _____ |
| Confirmation Mailed | _____ | | |
| Amount Received | _____ | Total Balance Due | _____ |
| Kit Fees Due | _____ | Balance Received | _____ |