

Great Lakes Region EGA Fall Retreat — Fee Schedule and Registration Information

Registration Fees	Registration Checklist
<p>Class Fees (includes all scheduled meals—brochure page 2)</p> <p>3-Day Student (Full) \$225 \$ _____ (includes \$50 non-refundable fee)</p> <p>Non-EGA Member Fee \$50 \$ _____</p> <p>(Entire amount due at registration)</p> <p>Total Due (with this form): \$ _____</p> <p>Make checks payable to "Great Lakes Region EGA"</p> <p>Do you.....</p> <p>_____ need a Roommate List?</p> <p>Attendees who indicate they would like a roommate list will be connected to other attendees who are looking to share a hotel room for the weekend.</p> <p>You will be responsible for reaching out to each other to make arrangements to share rooms; the organizing committee does NOT assign roommates.</p> <p>By selecting this option, you consent to having your name, chapter affiliation, and email address shared with the other attendees who are seeking a roommate.</p> <p>You must sign and date this form below.</p>	<p>Have you enclosed.....</p> <p>_____ completed and signed Registration Form?</p> <p>_____ completed Fee Schedule?</p> <p>_____ check or money order?</p> <p align="center">Make checks payable to "Great Lakes Region EGA" (Any returned check or money order will incur a \$40 processing fee, and your registration will be delayed.)</p> <p>Are you.....</p> <p>_____ a first-time GLR retreat or seminar attendee?</p> <p>_____ an officer or chair in your local chapter ? Specify below:</p> <p>Do you.....</p> <p>_____ have an ADA mobility issue or food allergy that we need to be aware of when you come to retreat? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please name the disability/allergy: _____</p> <p>Other Preferences: <input type="checkbox"/>Vegetarian <input type="checkbox"/>Vegan <input type="checkbox"/>Gluten-Free</p> <p>(The above mentioned allergies/disabilities/preferences 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.)</p> <p><i>Make a copy of this form for your records and send completed form with payment to the following address:</i></p> <p align="center">Max Koehler, Registrar 1940 Sylvan Ave. SE Grand Rapids, MI 49506 Telephone: 810-964-6778 E-mail questions to: maxfk87@gmail.com</p> <p align="center">Subject line must read as follows: GLR Fall Retreat 2022.</p>

Reminder: You must be a registered guest at the *South Bend Hilton Garden Inn* to participate in GLR Retreat. Call the hotel directly at 574-232-4000 to make your reservations. Ask for the "Great Lakes Region EGA" rate.

All listed dietary needs (above) will be forwarded to the hotel's staff who will try their best to meet your needs.

I agree to release The Embroiderers' Guild of America, Inc. and the Great Lakes Region, 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 Fall Retreat.

I understand it is my responsibility to remove myself from any photo opportunity in which I do not wish to participate.

I understand that cancellations must be made in writing, to the Registrar by September 15, 2022.

Signature: _____ Date: _____

Print Name: _____

Great Lakes Region EGA Retreat – October 7-9, 2022

REGISTRATION FORM

(Please print or type)

Name _____

Address _____

City/ State/ Zip _____

E-mail _____

Primary phone # _____ Alternate Phone # _____

Chapter _____ EGA # _____

A list of participants will be published in the Retreat Participants' Booklet. May we include your:

Address? Yes No

Phone? Yes No

Email? Yes No

Important Dates

June 15, 2022	Registration open for GLR EGA members
August 1, 2022	Registration open for non-EGA members with fee
September 7, 2022	Last day for hotel reservations at seminar group rate
September 15, 2022	Last day for cancellations with a \$50 non-refundable registration fee
September 16, 2022	Cancellations incur \$100 fees
September 23, 2022	Any refunds determined post-retreat
October 7-9, 2022	Great Lakes Region Fall Retreat

Make a copy of this document for your records.

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

Name: _____

Relationship: _____ Phone(s): _____

These forms may be copied for distribution. Make a copy of the complete form for your records.