

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

Registration Fees	Registration Checklist												
<p>Retreat Fees (includes \$50 non-refundable fee and all scheduled meals - see brochure page 2.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">3-Day</td> <td style="width:10%; text-align: right;">\$225</td> <td style="width:10%; text-align: right;">\$</td> </tr> <tr> <td>skip Friday lunch</td> <td style="text-align: right;">\$200</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Skip Sunday lunch</td> <td style="text-align: right;">\$200</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Skip both Friday & Sunday lunch</td> <td style="text-align: right;">\$175</td> <td style="text-align: right;">\$</td> </tr> </table> <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><input type="checkbox"/> 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>	3-Day	\$225	\$	skip Friday lunch	\$200	\$	Skip Sunday lunch	\$200	\$	Skip both Friday & Sunday lunch	\$175	\$	<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" <i>(Any returned check or money order will incur a \$40 processing fee, and your registration will be delayed.)</i></p> <hr/> <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> <hr/> <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 2024.</p>
3-Day	\$225	\$											
skip Friday lunch	\$200	\$											
Skip Sunday lunch	\$200	\$											
Skip both Friday & Sunday lunch	\$175	\$											

Reminder: You must be a registered guest at the *South Bend Hilton Garden Inn* to participate in GLR Retreat. To receive the group rate of \$135 (plus taxes) per night, you must request the group rate for the *GLR Fall 2024 Meeting*. This rate includes continental breakfast each morning.

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 30, 2024

Signature: _____

Date: _____

Print Name: _____

Great Lakes Region EGA Retreat – October 25-27, 2024

REGISTRATION FORM

(Please print or type)

Name _____

Address _____

City/ State/ Zip _____ Alternate Phone # _____

E-mail _____

Primary 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

July 1, 2024 Registration open for GLR EGA members

August 1, 2024 Registration open EGA members outside of GLR, and non-members with fee

September 22, 2024 Last day for hotel reservations at seminar group rate

September 30, 2024 Last day for cancellations with a \$50 non-refundable registration fee

October 11, 2024 Any refunds determined post-retreat for cancelations after this date

October 25-27, 2024 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.