

Postmark date _____

(Logo)

Name of seminar
RMR 20xx Seminar Registration Form
(Please Print)

Name

Your name, as you wish it to be printed in the handbook

Address

City, State,

Zip _____

Telephone (day) _____ (evening) _____

Email

Region _____ Chapter/MAL _____

EGA Member # (required) _____

Emergency Contact Information: Name _____

Relationship _____

Telephone

(day) _____ (evening) _____

- I am a first time attendee
- I am a life-member of EGA
- I am my chapter's region representative

Do you need a roommate? yes no

SPECIAL NEEDS:

Mobility (Example: I use a wheel chair)

Dietary—(Please specify)

CLASS SELECTION

1st Choice # _____ Title _____ Teacher _____

2nd Choice # _____ Title _____ Teacher _____

3rd Choice # _____ Title _____ Teacher _____

Would you like to be a class Angel? __ yes

Would you like to volunteer in another way? __ yes

RMR 20xx Seminar Registration Form (continued)

Name: _____

SEMINAR FEES

Registration- includes classes, __ meals, & non-refundable registration fee \$XXX _____

Late Registration Fee (postmarked after *month, day, year*) \$ XX _____

Facility Use Fee (Commuter Fee) \$ XX _____

Guest Meal Fees

(all meals) \$ XX _____

(Opening banquet) \$ XX _____

(Closing banquet) \$ XX _____

(Friday lunch) \$XX _____

(Saturday lunch) \$XX _____

Region meeting lunch (if not a member of the board) \$XX _____

Merchandise Night

Full table \$XX _____

Half table \$XX _____

Subtotal _____

Less early registration credit if you pre-registered \$ XX (_____)

TOTAL DUE (check number _____) _____

Send check or money order (only) made out to: *RMR Seminar 20xx*, along with a self-addressed, stamped envelope to:

Name and Address of Registrar

Phone Number (hours that calls will be accepted, no collect calls, etc.)

E-mail address

[Seminar Cancellation Policy here]