Attachment VI-A

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

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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]