

JASNA 2009 AGM REGISTRATION FORM

We encourage you to go to www.jasna.org, "Annual General Meetings," and fill out the web version of this form, which automatically calculates your total fees. Print two copies of the completed form, mail one with your check, and keep one for your records. We will publish regular updates on the number of registrations received for the AGM and for events with limited capacity. Please check the web site for sold out events before mailing your check.

If you use this paper form, we encourage you to make a copy for your records before mailing.

Name _____
Please print your name as you would like it to appear on your AGM badge and in the AGM Directory.

Name on companion ticket _____
Companion tickets are limited in number and admit the companion to Saturday's continental breakfast, banquet, and Sunday's brunch and closing ceremonies. Ticket does not include lectures or other events.

Address (Street or P.O. Box) _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone: _____
(Daytime) _____ (Evening)

Email _____
(Provide email address for registration confirmation. Required if you are requesting roommate matching.)

Check this box if you do not want your name and contact information to appear in the AGM Directory.

Early registration fee (postmarked on or before July 13, 2009) **\$250** \$ _____

Regular registration fee (postmarked on or before August 24, 2009) **\$295** \$ _____

Companion ticket (limited to one per AGM registrant; must be pre-ordered on this form) **\$112** \$ _____

Elizabeth Garvie in Conversation with Dr. Elisabeth Lenckos # _____ **\$10 ea.** \$ _____
(Thursday Evening AGM Curtain-raiser)

Post-AGM Dinner at City Tavern on Sunday (Maximum: 120) # _____ **\$95 ea.** \$ _____
(Select entrée on next page.)

Saturday Box Lunch # _____ **\$35 ea.** \$ _____
(Select box lunch choice on next page.)

English Country Dance Workshop (Maximum: 40) # _____ **\$20 ea.** \$ _____
(Select workshop choice on next page.)

Reticule Workshop (Maximum: 20) # _____ **\$20 ea.** \$ _____
(Select workshop choice on next page.)

Silhouette Workshop (Maximum: 20) # _____ **\$25 ea.** \$ _____
(Select workshop choice on next page.)

JASNA dues (2 years, if not a member at time of registration) **\$60** \$ _____
(If you received this brochure in the mail, you are a member.)

Tax-deductible AGM Contribution (Thank you, brothers & sisters!) \$ _____

FEE IS PAYABLE IN U.S. DOLLARS. MAKE YOUR CHECK PAYABLE TO "JASNA AGM 2009" **TOTAL U.S.** \$ _____

Registration form continues on next page.

JASNA 2009 AGM REGISTRATION FORM (CONTINUED)

Registrant's Name: _____

Check all that apply: JASNA Board Member Regional Coordinator Speaker
 First AGM Life Member AGM Steering Committee

Would you like **ROOMMATE MATCHING?** (Please check) YES NO

Postmark for matching service is July 13, 2009. We can make only one match per request.

If you would like a roommate, indicate your gender, smoking preferences, hotel information, and supply dates:

Female Male Smoking Non-smoking

Arr. Date: _____ Dep. Date: _____ Have you reserved a room at the conference hotel? Yes No

BANQUET CHOICE for Saturday Night: **Registrant** (included in registration fee): Vegetarian Ravioli Chicken

Companion (if applicable): Vegetarian Ravioli Chicken

BREAKOUT SESSION CHOICES: (Select one per session. Codes are included in breakout descriptions.)

Session A: Breakout # _____ Session B: Breakout # _____

Session C: Breakout # _____ Session D: Breakout # _____

BOX LUNCH CHOICE (if ordering box lunch): _____ Turkey/Cheese Sandwich _____ Vegetable Wrap
All box lunches include fruit, cookie, and chips. Beverage not included.

DINNER CHOICE FOR SUNDAY POST –AGM DINNER AT THE CITY TAVERN

(If you are purchasing a ticket(s), please choose entrée(s))

Check attendee's meal choice: Beef Salmon

Check companion's meal choice (if applicable): Beef Salmon

(Vegetarian meal available upon request.)

WORKSHOP SELECTION: (Check the box next to the workshop(s) in which you wish to enroll. You may enroll in multiple workshops. Be sure to enter the workshop fees on the previous page correctly.)

Dance Workshop: Thursday, October 8, 10:00 a.m. to 11:30 a.m.

Thursday, October 8, 2:00 p.m. to 3:30 p.m.

Friday, October 9, 8:30 a.m. to 10:00 a.m.

Reticule Workshop: Thursday, October 8, 2:00 p.m. to 3:30 p.m.

Friday, October 9, 8:30 a.m. to 10:00 a.m.

State reticule color preference here (if applicable): _____

Silhouette Workshop: Thursday, October 8, 2:00 p.m. to 3:30 p.m.

Friday, October 9, 8:30 a.m. to 10:00 a.m.

Please mail your registration form and check or money order payable to "JASNA AGM 2009" to:

Jennifer Winski, AGM Registrar
P.O. Box 156
Oreland, PA 19075-0156

For questions, contact us at agmphiladelphia@gmail.com or call 215.345.1158

We will confirm AGM registration within two weeks by email or USPS. Supply an email address if you wish email confirmation.

Refunds: Full registration refunds, minus a \$75 US processing fee, will be given if written notice is postmarked or received by September 14, 2009. Partial refunds cannot be given. (See page 1.)

Schedules are subject to change. Visit the Philadelphia AGM website (www.jasna.org/agms/philadelphia) for updates and additional information.