



REGISTRATION FORM

Pacific Southwest District LWML Convention
 June 8-10, 2012
 Crown Plaza Ventura Beach Hotel, Ventura, CA

Each person must register. **Only one (1) registrant per form.** (Both sides of this form may be copied.)
 Please type or print clearly. Before mailing, make a copy of completed forms for your records.

Circle one: Mr. Mrs. Ms. Rev. ***Young Women Exhibitor Spouse Teen LWML—Age_____ Heart-to-Heart Sister

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____ Phone (____) _____

E-Mail _____ Fax Number(____) _____

Emergency Contact _____ Phone (____) _____

Church _____ City, State _____

Special Requirements (please describe any handicaps or dietary needs) _____

ATTENTION === FOR THOSE TRAVELING BY PLANE OR BY TRAIN

____ YES - I require transportation from Airport or Train Station (we will contact you for more information)

*****WOMEN BETWEEN THE AGES OF 20 AND 35 please put an X in the following blanks as they pertain to you:**

____ Yes I am 20 __ 21- 25 __ 26-30 __ or 31 – 35 __ and would like to be included in the Young Women Rep events.

Student _____ Single _____ Married with no children _____ Married with children _____

If babysitting services were available at convention, would you be interested in using them? Yes _____ No _____

1	Registration fee (packet & general expenses)	\$90.00	\$ _____
1	YWR/Teen LWML registration fee	\$50.00	\$ _____
1	Spouse registration fee	\$50.00	\$ _____
1	Exhibitor (registration fee includes 4' space & badge)	\$110.00	\$ _____
1	Late Fee (add to registration fee after May 4, 2012)	\$25.00	\$ _____
1	Friday Evening Dinner	\$25.00	\$ _____
1	Saturday Lunch	\$25.00	\$ _____
1	Saturday Banquet – LIMITED TO 450 (includes entertainment)	\$40.00	\$ _____
Qty _____	District Charm	Qty _____ District Pin	\$ 4.00 x _____ \$ _____
Qty _____	Mission Walk T-shirt Sm. Med. Lg. 1X (circle choice)		\$10.00 \$ _____
Qty _____	Mission Walk T-shirt 2X 3X (circle choice)		\$13.00 \$ _____
	Donation (to offset convention costs)		\$ _____
	TOTAL		\$ _____

Complete this form—**Make check payable to Pacific Southwest District LWML**

Mail form, check, and a self-addressed stamped envelope to:

Dixie Falldorf

3940 West 187th Street, Torrance, CA 90504

Questions? Call 310/329-7858

Check # _____ Date _____

Registration Deadline: May 4, 2012 – No Refunds after May 31, 2012

PLEASE COMPLETE BOTH SIDES OF THIS FORM