



Atlantic District LWML
23rd Biennial Convention
Saturday, April 21 – Sunday, April 22, 2018
Crowne Plaza Hotel
3 Executive Boulevard, Suffern, NY 10901
845-357-4800
www.cpsuffernhotel.com

LWML Atlantic District

PLEASE PRINT

Name _____

Address _____ Last _____ City _____ State _____ Zip _____

Phone _____ Cellphone _____

email _____ LWML Zone _____

CIRCLE YOUR POSITION: Delegate Alternate Delegate Board of Directors Past District President
General Clergy Young Woman Representative Exhibitor Teen Child

CONVENTION REGISTRATION
NO registrations accepted after March 23, 2018

Registration postmarked on/before **March 9, 2018 = \$80** (after 3/10/18 = \$105) \$ _____

Spouse Registration postmarked on/before **March 9, 2018 = \$50** (after 3/10/18 = \$75) \$ _____

The registration fee is waived for children 12 and under, but a registration form must be completed for each child.

HOTEL/MEAL PACKAGE (per person)

(Includes Saturday lodging, buffet lunch and buffet banquet; Sunday buffet breakfast and buffet lunch)

Single room with above meals = \$261/pp (after 3/10/18 = \$271) \$ _____

Two in a room with above meals = \$197/pp (after 3/10/18 = \$207) \$ _____

Three in a room with above meals = \$175/pp (after 3/10/18 = \$185) \$ _____

DAY RATES (per person)

Saturday Only (includes lunch, banquet, and registration) \$155 (after 3/10/18 = \$180) \$ _____

Sunday Only (includes breakfast, lunch and registration) \$137 (after 3/10/18 = \$162) \$ _____

BANQUET ONLY: \$50 per person (after 3/10/18 = \$60) \$ _____

Friday evening room rate = \$129 (after 3/10/18 = \$140) \$ _____

(divide cost of room by number of people, up to 3)

Sunday evening room rate = \$129 (after 3/10/18 = \$140) \$ _____

(divide cost of room by number of people, up to 3)

TOTAL ENCLOSED \$ _____

ADDITIONAL INFORMATION:

- **Make check for total amount to: AD LWML 2018 CONVENTION**
- **Mail registration form and payment to:**
Vita Ross, 54 Church Lane, Middle Island, NY 11953
- **Cancellations must be made in writing and received no later than March 23, 2018.**
- **No refunds will be made after March 23, 2018.**

- **Is this the first District LWML Convention you are attending? Yes _____ No _____**
- **Will you be participating in the Choir? Yes _____ No _____**
- **Will you be attending the Meet & Greet on Friday evening? Yes _____ No _____**

ROOMMATE LIST (This must be filled out on ALL non-single room registrations including children.)

1. _____ 2. _____
3. _____

SPECIAL NEEDS:

Dietary concerns: _____

Handicap Accessible Room: Yes _____

American Sign Language Interpreter needed: Yes _____

If you choose to stay Friday night, dinner is on your own.

Saturday morning breakfast is on your own.

Regular rooms with two or three people will have two Queen size beds.

For questions about Convention Registration please contact:

Vita Ross

Vitar1017@gmail.com

631-924-3566