First		Last		_Gender (F) (M)
Address _	dresse-mail			
City		State _	Zip	
Phone		(day)_		(evening)
Guild Affili	ation if applica	able	Room mate preference: _	
Emergency	y contact perso	on and number		
Any dietary restrictions? _			Any special needs?	
Please indi sure that 2 everyone h	-day or 3-day on the children of the children	classes by entering code lett classes are indicated <u>on the s</u> pices, however, class placeme 1 will be treated as if mailed o	<u>ame line</u> for every day they e ent is on a first-come, first-s	are offered. We will attempt
		SATURDAY, OCTOBER 10	SUNDAY, OCTOBER 11	MONDAY, OCTOBER 12
FIRST c	hoice			
SECOND choice				
THIRD c	hoice			
l plan to pa	articipate in the g to be a teach <u>COMPLE</u> Registrati ar R: 1. 2. 3. <u>NON-PAR</u>	e Fashion Show (circle one) e Fiber Exhibit (circle one) er's aide (circle one) TE PACKAGE fon includes 3 days of classes and 8 meals (breakfast Sat. thro com Choices: Shared room and shared bat Private room and private bat ETICIPATING GUEST (Lodging s per Registrar (716) 361-6606	Yes NoYes NoYes No s, lodging on premises for 3 ough lunch Mon.) th \$365 th \$458 th \$491 y & all Meals only)	nights (Fri, Sat, Sun night)
	Registrati Sa		s and 8 meals (breakfast ODGING \$265	
	Late Regi	stration fee (postmarked after	r July 15): \$25	
		TOTAL F	FEES ENCLOSED	

EGLFC REGISTRATION FORM to be printed out, filled in legibly, and mailed with check

Please mail completed registration form with check or money order (U.S. funds only- payable to Eastern Great Lakes Fiber Conference) and a legal sized SASE to:

CATHIE STEFFAN, REGISTRAR FOR EGLFC, 3511 WEST RIVER ROAD, GRAND ISLAND, NY 14072.

Confirmation letters will be mailed after May 1. To request a refund, contact REGISTRAR. If written cancellation notice is received by July 15, a full refund (less \$25 handling fee) will be made. Cancellations after July 15, 2009 will be dealt with on a case-by-case basis. Refunds will be mailed after Aug. 15, 2009.