

# Seminar 2009 Registration Form

## Personal Information

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

EGA #: \_\_\_\_\_ Chapter: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Night): \_\_\_\_\_

Phone(Cell): \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Information

Name (Please Print): \_\_\_\_\_

Phone(Day): \_\_\_\_\_ Phone (Night): \_\_\_\_\_

Phone(Cell): \_\_\_\_\_ Relationship: \_\_\_\_\_

## Class Selection

*Note: You are paying for three days of attendance when you pay the Basic Registration Fee. Any time for which you don't select a class, you will be assigned to Studio Time at no extra charge. Class days and times will be randomly assigned.*

**How would you like to spend the three days of seminar?**

**First Choice:** May be any combination that equals up to three days. See note above.

| <b>Class #</b> | <b>Title</b> | <b>Teacher</b> |
|----------------|--------------|----------------|
| _____          | _____        | _____          |
| _____          | _____        | _____          |
| _____          | _____        | _____          |
| _____          | _____        | _____          |
| _____          | _____        | _____          |

**Alternate Choices:** Please list in order of preference.

|    | <b>Class #</b> | <b>Title</b> | <b>Teacher</b> |
|----|----------------|--------------|----------------|
| 1. | _____          | _____        | _____          |
| 2. | _____          | _____        | _____          |
| 3. | _____          | _____        | _____          |
| 4. | _____          | _____        | _____          |
| 5. | _____          | _____        | _____          |
| 6. | _____          | _____        | _____          |

**Notes:**

## Seminar Fee Schedule

|   |                  |                 |
|---|------------------|-----------------|
| Non-Refundable Class Fee (- 20% discount for First Day Registrants)   | \$50.00          | \$ _____        |
| Basic Registration Fee (Includes brochure, tote bag, pin, favors,<br>6 meals, and 3 days Studio Time. All attendees must pay the above) | \$225.00         | \$ _____        |
| 3 Day Class Fee   | add \$90.00      | \$ _____        |
| 1 Day Class   | add \$30.00 each | \$ _____        |
| ½ Day Class   | add \$15.00 each | \$ _____        |
| Facility Use Fee (For those not staying at hotel)   | add \$100.00     | \$ _____        |
| Closing Dinner Ticket for Guest   | add \$60.00      | \$ _____        |
| Preserving Keepsakes Lecture  | add \$10.00      | \$ _____        |
| Merchandise Table (\$40 for whole, \$20 for half)   |                  | \$ _____        |
| <b>Total</b>  |                  | <b>\$ _____</b> |

## Are You?

- \_\_\_\_\_ A first time participant in a SCR seminar?
- \_\_\_\_\_ Willing to serve as a Class Angel?
- \_\_\_\_\_ Willing to serve as a seminar volunteer?
- \_\_\_\_\_ Willing to have your address/email in the Seminar Notebook?
- \_\_\_\_\_ Do you need a roommate list?

## Health

Do you have special dietary needs? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have special Handicapped/Physically Challenged needs \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Release:

I release the Embroiderer's Guild of America and the South Central Region of the Embroiderer's guild from any liability for theft, property damage or personal injury while participating in or attending any or all functions and meetings of the SCR Seminar 2009.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send to: Shari Finrock, P.O. Box 4625, Cedar Hill, TX 75106-4625**

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