UCG-Puget Sound Women's Enrichment Weekend Registration Information

Dates: March 3 - March 5, 2017

Location: LaConner Country Inn

07 South 2nd Street La Conner, WA 98247

1-888-466-4113 or 360-466-3101

Registration Deadline: February 1, 2017

Theme: Building a Network

Costs:

\$110 – Quadruple Occupancy \$125 – Triple Occupancy \$160 – Double Occupancy \$290 – Single Occupancy

\$35 - Daytime Only (includes boxed lunch on Sabbath)|

Room Information:

<u>Quadruple Occupancy</u> - There are two quadruple occupancy rooms available which will be assigned on a first-come, first-serve basis. In addition, a triple room can accommodate quadruple occupancy with the addition of a roll-away bed.

<u>Triple Occupancy</u> – The majority of triple occupancy rooms contain one queen size bed and one twin bed.

<u>Single & Double Occupancy</u> – The majority of single & double occupancy rooms contain one queen size bed.

Room Amenities – There is a blow-dryer, small fridge, and coffee pot in each room.

Refund Policy

\$25 of each registration is non-refundable (no exceptions). Beyond that amount, any payments made prior to the registration deadline are fully refundable. After the registration deadline date, no refunds are available. As of that date we must make final commitments to the hotel and are financially liable for those commitments.

Late Registration Policy

Late registrations may be accepted until Wednesday, February 1. After February 1, please call the hotel directly and rooms will be based on availability and billed at market rate. Please contact Victoria D'Amelio at <u>victoria.b.damelio@gmail.com</u>, if you call the hotel directly after February 1.

Registration Form UCG-Puget Sound Women's Enrichment Weekend March 3 – March 5, 2017

PLEASE PRINT CLEARLY *only one person per registration form (no multiple registrations on one page)

*Fir	st Name
*La	st Name
*Ac	ldress:
*Cit	y/State/Zip:
*Ph	one:
*E-	Mail Address:
*Ch	urch Area:
	ase register me for the following: Single occupancy, \$290 Double occupancy, \$160 Triple occupancy, \$125 Quadruple occupancy, \$110 Add roll-away, \$30 extra Daytime or Friday Only, \$35 (includes all days, no overnight) an to room with:
*Da	yment Options:
	I am enclosing a \$25 (non-refundable) deposit to reserve my place and will pay the balance by: Wednesday, February 2016. Note: This option is only available if paying by personal check I am enclosing full payment now via check in the mail
	Note: See the bottom of this form for information of how to fill your check out and where to send it
*Ar	nount of check:
	The amount of my check is: \$
*Do	onation Option:
	I would like to contribute \$ to help others attend

Special Needs:		
	I cannot manage stairs. Please place me on main level. I need a downstairs room	
	I would prefer to be in a "quiet" section of the hotel.	
(No	te: Downstairs rooms will be assigned on a first-come first-serve basis, so if you need a room downstairs please register as early as possible. All single rooms are on the second floor.)	
Boxed Lunch Options (for lunch on Sabbath)		
	I would like a regular boxed lunch.	
	I would like a gluten-free boxed lunch.	
	I do not wish to have a boxed lunch provided for me.	
Tha	nk you for filling out the form and mailing the check to the address below - we look forward to seeing you!	
Ch	ecks should be made payable to <u>UCG Sedro-Woolley Activity Fund</u> and sent to:	
	Victoria D'Amelio	
	5351 Honeymoon Bay Road	
	Freeland, WA 98249	
	Attention: Conference Registration	
If y	ou have questions, please contact Victoria D'Amelio at <u>victoria.b.damelio@gmail.com</u> .	
Do	you have any additional notes or comments?	