

REGISTRATION FORM

**Mississippi River Valley Chapter
Presents
BEAT THE HOLIDAY RUSH
2010 HEARTLAND REGION FALL MEETING
October 8 - 10, 2010**

Registration will begin on **May 1, 2010**. All participants must be current members of the Embroiders' Guild of America, Inc. (EGA). A late fee of \$25.00 will be applied to registrations sent after **July 31, 2010**.

Please print or type on this form. It may be copied or downloaded from www.mrvc-ega.org.

Last Name _____ First Name _____

EGA Member Number _____ Chapter _____

Street Address _____

City _____ State _____ ZIP _____ E-Mail _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Preferred Name for Name Tag _____

All registrants are invited and encouraged to attend a Region Committee meeting. Please indicate your preference below. Your preferences and the Regions' needs will be taken into consideration when assigning committees.

Education Fund Raising Finance
 Leadership Historian Membership

Emergency Contact

Name _____
Address _____
Phone (day) _____ (evening) _____
(cell) _____
Relationship _____

I release Mississippi River Valley Chapter EGA, Heartland Region and the Embroiders' Guild of America, Inc. (EGA) from any liability for any theft, property damage or personal injury while participating in or attending any or all functions and meetings of the Heartland Region Fall Meeting 2010 (Oct. 8-10, 2010).

I understand that cancellation must be made in writing to the Registrar. A refund, less \$20.00, will be made if notice is received by September 17, 2010. I will not receive a refund after this date. All refunds will be made after the close of the Meeting. Please keep a copy of this form for your records.

Signature _____ Date _____

Mail form completely filled out and signed with your check payable to Mississippi River Valley Chapter to:

Cindy Valentine, Registrar
1525 Kenosha
Davenport, IA 52804
563-386-0640
cindy@cindyvalentine.com

Class Selections: Indicate first, second, and third choices. Please enter class name for each choice. If you are selecting the All-Day Class, please indicate that in the Saturday Morning section.

Saturday Morning

First Choice _____

Second Choice _____

Third Choice _____

Saturday Afternoon

First Choice _____

Second Choice _____

Third Choice _____

Every effort will be made to assign you your preferred class(es). If necessary, may we contact you to consult with you? Yes No

Phone _____ Best time to call? _____

E-mail _____

Upon assignment of your class(es), a bill will be sent to you for all class fees.

Fee Schedule

Registration Fee (includes Meet and Greet and Banquet)	\$90	\$ _____
Guest Ticket for Meet and Greet	\$15	\$ _____
Guest Ticket for Banquet	\$40	\$ _____
Make It/Take It: Finishing Touches	\$15	\$ _____
Late Registration	\$25	\$ _____
Total		\$ _____

Banquet Main Course Choices: Prime Rib; Stuffed Iowa Pork Chops; or Pasta Primavera
Please indicate your choice below.

Participant _____ Guest _____

Please keep a copy of this form for your records.