

REGISTRATION FORM

St Paul Needleworkers
LAND OF 10,000 STITCHES
2011 HEARTLAND REGION FALL WORKSHOP
October 21-23, 2011

Registration will begin on April 1, 2011.
All participants must be current members of the Embroiderers' Guild of America, Inc.
A late fee of \$25.00 will be applied to registrations sent after August 1, 2011.

Please print or type on this form.

Last Name _____ First Name _____
EGA Member Number _____ Chapter _____
Street Address _____
City _____ State _____ ZIP _____
E-Mail _____
Phone (Day) _____ (Evening) _____
(Cell) _____

Preferred Name for Name Tag _____

Do you want your information published in the Participant's Notebook? Yes/No

Emergency Contact

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

I release St. Paul Needleworkers, Heartland Region and the Embroiderers' 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 Workshop 2011 (Oct. 21-23, 2011).

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, 2011. 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 St. Paul Needleworkers and a stamped self-addressed envelope to:

Sheila Brewer, Registrar
1564 Fairmount Ave
St Paul MN 55105-2316
651-690-5912

email: hap-stitcher@comcast.net

Class Selections: Indicate first, second, and third choices. Please enter class name for each choice.

Saturday Morning

First Choice: _____

Second Choice: _____

Third Choice: _____

Sunday Morning

First Choice: _____

Second Choice: _____

Third Choice: _____

Do you have any classroom special needs?

Every effort will be made to assign you your preferred class.

If necessary, we will contact you.

Phone _____ Best time to call? _____

Upon assignment of your class, an invoice will be sent to you for all class fees.

Fee Schedule

Registration Fee (\$140) \$ _____

(Includes Friday evening buffet, Saturday & Sunday breakfast buffets and Saturday evening Banquet)

Guest Ticket for Friday Minnesota Hot-Dish buffet (\$20) \$ _____

Guest Ticket for Saturday evening Banquet (\$30) \$ _____

Commuter Fee -- for those not staying at the hotel (\$40) \$ _____

Late Registration (\$25) \$ _____

Total \$ _____

Banquet Main Course Choices: Pasta Primavera or Chicken Marcela

Please indicate your choice below.

Participant _____

Guest _____

All registrants are invited and encouraged to attend a Region Committee meeting. Please indicate your preference below.

Education _____ Fund Raising _____ Finance _____

Leadership _____ Historian _____ Membership _____

Your preferences and the Regions' needs will be taken into consideration when assigning committees.