

**2019 NORTHEAST GRANGE LECTURERS' CONFERENCE REGISTRATION**

**SEPARATE REGISTRATION FORM PER PERSON (must be postmarked by June 10<sup>th</sup>) – strictly enforced!**

2019 CURRENT BADGE REQUIRED FOR ALL WORKSHOPS & PROGRAMS (INCLUDING SPIRIT NIGHT)

**Please Type Or Print Neatly** – Each person must use & sign a separate form.

Name \_\_\_\_\_ Grange & No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**COMPLETE CONFERENCE**

(includes meals, lodging, and conference fees)

\_\_\_\_\_ Single Room \$330.00 per person

\_\_\_\_\_ Double Room \$265.00 per person

\_\_\_\_\_ Triple Room \$220.00 per person  
*(room has two beds & one sofa)*

**OPTIONAL ACTIVITIES**

*(if interested, must pre-register – see notes  
about selection if more than limit sign up)*

Tuesday morning computer workshop:

\_\_\_\_\_ for beginners (limit 16)

\_\_\_\_\_ beginner – bring my own laptop (limit 5)

\_\_\_\_\_ internet/other technology (limit 20)

\_\_\_\_\_ internet, etc -bring my own laptop (limit 5)

Tuesday afternoon field trip: (walking/standing req)

\_\_\_\_\_ Jordan Dairy Farm (limit 50)

**PART-TIME ATTENDEES ONLY**

\_\_\_\_\_ Commuter Fee \$25.00 *(one-time charge for persons not signed up for complete conference)*

Monday, August 5, 2019

\_\_\_\_\_ Dinner \$ 35.00

\_\_\_\_\_ Single Room \$ 125.00

\_\_\_\_\_ Double Room \$ 80.00

\_\_\_\_\_ Triple Room \$ 55.00

Tuesday, August 6, 2019

\_\_\_\_\_ Lunch \$ 23.00

\_\_\_\_\_ Dinner \$ 36.00

\_\_\_\_\_ Single Room \$ 125.00

\_\_\_\_\_ Double Room \$ 80.00

\_\_\_\_\_ Triple Room \$ 55.00

*(Sign up for Optional Activities, if interested)*

**Amount Enclosed \$ \_\_\_\_\_** *Make check payable to: **Northeast Grange Lecturers' Association***

Signer releases MA State Grange, Northeast Grange Lecturers' Association, Devens Common Center, Mt. Wachusett Community College, and Jordan Dairy Farms from liability for accidents, illnesses, damages or losses which may occur while attending the NE Grange Lecturer's Conference.

**Signature Required:** \_\_\_\_\_

**EMERGENCY** contact name and phone number \_\_\_\_\_

**Special needs:** food allergies, handicap needs/requirements? **(BE SPECIFIC - use back if needed.)**

**Roommate(s)** (please specify) \_\_\_\_\_

See website [devenscommoncenter.com/](http://devenscommoncenter.com/) for amenities of Springhill Suites. **NO SMOKING** in Conf. Center & Hotel

**Complete entire form, sign, and return with full payment by June 10, 2019 to:**

Alicia Brazie

51 Idle Hour Rd.

New Marlborough, MA 01230-2052

Phone: (413) 229-2555

Email: alicia.brazie@verizon.net

