

AB GIRLS of PA and DE Conference Registration

June 18-20, 2010

AB GIRLS must have completed 6th grade to attend conference. Each girl must have a sponsor on campus.

Name: _____ Name tag name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone No: _____ Cell Phone: _____

Church: _____ Association: _____

Age: _____ Name of Sponsor(s): _____ First Conference? Yes: ___ No: ___

Health, handicap or dietary consideration? If yes, please describe: _____

Tee Shirt Size: _____ Roommate: _____

All lodging is located in McDonnell Hall. AB GIRLS will be in a separate pod from the ladies. Dorms are set-up in pods. Each pod contains 9 sleeping rooms, a central lounge, 4 shower stalls, & 6 commode stalls. Dorm Rooms sleep 2 and are air-conditioned. Elevators are available in each wing. Rates are \$6.25 more per night if you need a single room.

FULL TIME / PART TIME REGISTRATION

(Full time registration costs includes: 2 nights lodging, 5 meals, registration fee and university fee)

Full Time: \$155.00 (Before 6/1/10) \$ _____

\$165.00 (After 6/1/10) \$ _____

Single room add: \$12.50 \$ _____

Part Time: (Please enter the amounts that apply)

Conference Registration (payable by all conferees) \$25.00 \$ _____

University Fee (payable by all conferees) \$10.00 \$ _____

Friday: Breakfast..... \$7.45 \$ _____

Lunch..... \$8.70 \$ _____

Dinner \$10.70 \$ _____

Lodging..... \$30.75 Double/ \$37.00 Single \$ _____

University Facility Fee (required for everyone registered on Friday) \$6.75 \$ _____

Saturday: Breakfast..... \$7.45 \$ _____

Lunch..... \$8.70 \$ _____

Dinner..... \$10.70 \$ _____

Lodging..... \$30.75 Double/ \$37.00 Single \$ _____

University Facility Fee (required for everyone registered on Saturday) \$6.75 \$ _____

Sunday: Breakfast..... \$7.45 \$ _____

Total Part-Time Cost: \$ _____

Additional Costs if you need to arrive on Thursday:

Thursday night: Lodging..... \$30.75 Double/ \$37.00 Single \$ _____

(No University Commuter Charges for Thursday)

Total Amount Enclosed: \$ _____

(Please note that sheets, pillowcases, a pillow, a thin blanket & a thin towel will be provided by the campus.

You must bring your own personal items, shower shoes, and a heavier blanket & towel if you want.)

Workshop choices for Saturday Session B: 1. _____ 2. _____

Saturday Session C: 1. _____ 2. _____

Mail check payable to: ABWMOPAD Send to: Barbara Diefenderfer, 140 Lizard Creek Road, Andreas, PA 18211

Call or email any questions to: Phone: 570-386-2457; Email: bbkdief@ptd.net

Returned Checks: A fee of \$25.00 will be charged for any returned check. **Cancellation Policy:** A \$50.00 cancellation fee will be charged after May 15, 2010. Please include any coupons (where applicable) with this registration form.