

La Leche League of New York West: *Breastfed Is Normal-fed* 2006 Breastfeeding and Parenting Area Conference

PLEASE PRINT CLEARLY

Late fee must be included if postmarked after April 1st, 2006
All registrations must be postmarked by **April 17, 2006**

| | | | |
|--------------------------|------|--|-----|
| First | | Last | |
| Street | City | State | Zip |
| Email | | <p>Circle all that apply:</p> <p style="text-align: center;">Member Leader Leader Applicant Alumnae</p> <p><input type="checkbox"/> Check here if you have a disability and may require accommodation to fully participate. Indicate need: _____</p> <p style="text-align: right;">Please list all other adults and children who will attend the conference with you, whether or not they are registering for sessions.</p> | |
| Phone | | | |
| Area Council Position | | | |
| LLLI Position | | | |
| Area Conference Position | | | |

CONFERENCE FEES

| | | |
|---|---------------|--|
| Member— <i>includes luncheon</i> | \$55.00 | |
| Non-Member— <i>includes luncheon and LLLI membership</i> | \$95.00 | |
| Leader/Alumnae — <i>includes luncheon</i> | \$50.00 | |
| Partner/Grandparent of Registered Attendee <small>Pay fee only if registering for sessions</small> | \$10.00 | |
| <i>Deadline is April 1st—after that a</i> | | |
| LATE FEE is applicable. No | \$10.00 | |
| <i>Registrations taken after April 17th</i> | | |
| Child/Partner/Grandparent Luncheon (ages 3 - 12) of Registered Attendee | \$12.00 | |
| LLLove Lines Child's Name <small>deadline, April 1st</small> | ____ @ \$1.00 | |
| LLLove Lines Message <small>deadline, April 1st</small> | ____ @ \$5.00 | |
| LLLI Membership or Renewal | \$40.00 | |
| Additional Donations—Thank You! | | |
| GRAND TOTAL | | |

| |
|--|
| Partner's Full Name |
| Grandparent's Full Name |
| Caregiver's Full Name |
| Child's Full Name Age |
| Child's Full Name Age |
| Child's Full Name Age |
| Child's Full Name Age |

Your registration may be reserved by check or credit card

- Check** **Discover**
 VISA **MC**

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature (Not valid without signature) _____

Account #

Expires _____ / _____
Month Year

Make checks payable to: LLL of NY WEST

Send completed form and check to: Sally Allison, 289 Lake Meadow Drive, Rochester, NY 14612

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SATURDAY, APRIL 29

SELF

Partner or Grand-parent attending sessions

Full Name _____

| | 1st choice | 2nd choice | 3rd choice |
|-------------|------------|------------|------------|
| Session I | | | |
| Session II | | | |
| Session III | | | |
| Session IV | | | |

| | 1st choice | 2nd choice | 3rd choice |
|-------------|------------|------------|------------|
| Session I | | | |
| Session II | | | |
| Session III | | | |
| Session IV | | | |

During the day on Saturday family members of conference attendees who are NOT registered guests of the Hotel may enjoy the use of the wonderful indoor pool for a nominal fee. You will be asked to sign the Hotel's safety waiver. A lifeguard is on duty but all children must be supervised by an adult 18 years of age or older. If you need more than one towel, please bring your own.

I am not staying at the Hotel but would like to use the Pool for \$5.00 per person with a \$15.00 family cap

Yes No # of adults _____ # of children _____

I am willing to be a Session Monitor Yes No [directions will be placed in your registration folder]

I am willing to be a Dayworker Yes No [directions will be placed in your registration folder]

Names for LLLove Lines (\$1.00 each):

LLLove Lines Message (\$5.00 each):

Luncheon Choices—Please indicate:

Sliced Top Sirloin, served on Toast Points with sautéed Mushrooms and Mixed Green and Yellow Beans

Vegetarian Lasagna plus Mixed Green and Yellow Beans

All entrees are served with Rolls and Butter and choice of House Salad or Caesar Salad, coffee, tea, and choice of Apple Pie, Pumpkin Pie, or Strawberry Topped Shortcake for dessert.

If you have special dietary needs such as Vegan, gluten-free, or Kosher please contact the registrar and we will do everything we can to accommodate your needs.



Check here if you would like to request a stroller permit. Stroller permits will only be given to mothers with multiples, pregnant mothers with toddlers and physically challenged parents or children.