

96th Annual Meeting Registration February 7-9, 2009

Individual Registration *(Keep a copy of this form for your record)*

Fill out this form and mail it to:

 LECNA
 2601 S. Minnesota Ave., Suite 105
 Postal Mail Box #377
 Sioux Falls, SD 57105-4750

Enter the following names as you would like them to appear on your nametag (include first and last name).

Full name: _____

Spouse/Guest name: _____

Institution/Organization: _____

Program and Meal Registration *(choose A for full or B for partial registration)*

A. Entire LECNA Program

 _____ \$610.00 (U.S.) I will attend the entire LECNA program and 3 group meals (*Sunday brunch, Monday continental breakfast and Monday banquet*).

_____ \$160.00 (U.S.) My spouse/guest will attend the 3 group meals. Spouses/Guests are welcome to attend the LECNA program sessions at no charge.

Total: _____

B. Partial Registration

I/we will attend the program and meetings as listed below.

Event	Self	Spouse or Guest	Cost per person	Subtotal
LECNA program		No charge	\$450.00	
Sunday worship/brunch			\$45.00	
Monday continental breakfast			\$25.00	
Monday banquet and reception			\$90.00	
Total				

* Cost for food and beverages includes service fees and tax

Please accompany a check with this registration and save a copy of this registration for your records.