



98th Annual Meeting Registration

February 5–7, 2011

(Please keep a copy of this form for your records.)

Name: _____

Spouse/Guest Name: _____

Institution/Organization: _____

Please include payment for the following:

(Total fee for President with spouse attending all events is \$790.)

_____ Fee for President \$630 *(Attending meeting and all events.)*

_____ Fee for Spouse \$160 *(Attending meeting and all events.)*

- OR -

Please mark the events you (and spouse) will be attending:

Event	Self	Spouse/Guest	Cost per Person	Total
LECNA Program		n/a	\$470.00	\$
Sunday Worship/Brunch (at Zoo)			\$45.00	\$
Monday Continental Breakfast			\$20.00	\$
Monday Evening Banquet			\$95.00	\$
			Total	\$

*costs include service fees and tax

Please indicate if vegetarian meals are requested: _____

Please accompany payment with this registration and send to LECNA at the address below:

LECNA, 2601 S. Minnesota Ave. SE #105, Sioux Falls, SD 57105