



*We walk by faith and not by sight
II Cor. 5:7*

Atlantic District LWML 20th Biennial Convention Saturday, April 28 – Sunday, April 29, 2012

Best Western Albany Airport Inn
200 Wolf Road, Albany, NY 12205
518-458-1000

www.bwalbanyairport.com

PLEASE PRINT

Name _____

Address _____ Last _____ First _____
City _____ State _____ Zip _____

Phone _____ e-mail _____ LWML Zone _____

CIRCLE YOUR STATUS:

- Delegate Alternate Delegate Board of Directors Past District President
- General Clergy Young Women's Representative Exhibitor

CONVENTION REGISTRATION

NO registrations accepted after April 10, 2012 (per hotel contract)

Registration postmarked on/before **March 20, 2012 = \$75** (after 3/21/12 = \$90) \$ _____

Spouse Registration postmarked on/before **March 20, 2012 = \$40** (after 3/21/12 = \$50) \$ _____

HOTEL/MEAL PACKAGE

(Includes Saturday lodging, lunch buffet and banquet; Sunday breakfast and lunch)

Single room with all meals = \$149 (after 3/21/12 = \$159) \$ _____

Two in a room with all meals = \$104 (after 3/21/12 = \$114) \$ _____

Three in a room with all meals = \$89 (after 3/21/12 = \$99) \$ _____

Four in a room with all meals = \$74 (after 3/21/12 = \$84) \$ _____

DAY RATES (per person)

Saturday Only (includes lunch, banquet, and registration) \$116 (after 3/21/12= \$136) \$ _____

Sunday Only (includes lunch and registration) \$93 (after 3/21/12= \$103) \$ _____

BANQUET ONLY \$30 per person (after 3/21/12= \$40) \$ _____

Friday evening room rate (includes Saturday breakfast) \$90 (after 3/21/12= \$100) \$ _____
(divide cost of room by number of persons)

Sunday evening room rate (includes Monday breakfast) \$90 (after 3/21/12= \$100) \$ _____
(divide cost of room by number of persons)

TOTAL ENCLOSED \$ _____

REGISTRATION CONTINUES ON REVERSE SIDE

ADDITIONAL INFORMATION:

- **Make check for total amount on other side to: AD LWML 2012 CONVENTION**
- **Mail registration form and payment to:**
Deacon Pearl Albrechtson, 136 Elm Street, Schenectady, NY 12304-1204
- **Cancellations must be made in writing and received no later than March 20, 2012.**
- **No refunds will be made after March 21, 2012.**
- **Will you be participating in the CHOIR? Yes _____**
- **Please mark your BANQUET ENTRÉE CHOICE:**

- _____ **Penne Pasta Prima Vera**
- _____ **Pork Medallions**
- _____ **Maple Glazed Salmon Filet**

ROOMMATE LIST (This must be filled out on ALL non-single room registrations)

1. _____ 2. _____
3. _____ 4. _____

SPECIAL NEEDS

Dietary concerns: _____

Handicap Accessible Room: Yes _____

American Sign Language Interpreter needed Yes _____

**Shuttle service is available from Rensselaer train station, Albany bus station, and Albany airport. Call the hotel for pickup at 518-458-1000.

For questions about Convention Registration please contact

Deacon Pearl Albrechtson

duckyl@nycap.rr.com