

Please return registration form with payment to:

MWC 2009

Lois Lembke

1767 Quincent St.

Iowa City, IA 52245

Please copy this form for your records. Questions about registration may be sent to:

mwc2019.registrar@gmail.com

REGISTRATION FORM

Please print or type clearly.

First Name Middle Initial Last Name Male/Female

Name to appear on conference badge

Street Address

City State/Province

Postal/Zip Code Country

Phone # Email Address

Type of Registration: (check one)

- | | | | |
|------------------|-------|--------------------------------|-------|
| MWA Member | _____ | 2017 Conference Representative | _____ |
| New MWA Member | _____ | 2019 Committee Member | _____ |
| MWA Board Member | _____ | Vendor | _____ |
| Teacher | _____ | Guest | _____ |

Volunteer Opportunities:

- I would like to be a general volunteer. _____
- I would like to be a classroom aide. _____
- I am willing to model in the fashion show. _____

Attendees' List:

An attendees' list will be distributed at the conference. If you would prefer not to have information about you on this list, please check one or more of the following:

- | | |
|--|---|
| _____ Do not include my name. | _____ Do not include my e-mail address. |
| _____ Do not include my mailing address. | _____ Do not include my phone number. |

Name: _____

Preconference Registration		\$260.00	
Preconference Meals: Dinner 6/16 through Lunch 6/19		\$ 90.00	
Preconference Rooms: 6/16 through 6/18 (Choose one)	Single (as available)	\$ 86.00	
	Double/person*	\$ 72.00	
Conference Registration			
4-Day Conference Meals: Dinner 6/19 through Breakfast 6/23		\$110.00	
3-Day Conference Meals: Dinner 6/20 through Breakfast 6/23		\$ 80.00	
4-Night Conference Rooms: 6/19 through 6/22 (Choose one)	Single (as available)	\$114.00	
	Double/person*	\$ 96.00	
3-Night Conference Rooms: 6/20 through 6/22 (Choose one)	Single (unavailable)	\$	
	Double/person*	\$ 72.00	
MWA Membership (Attendees must be current members.)			
		\$ 10.00	
Guest Tickets**			
Keynote		\$ 10.00	
Fashion Show and Reception		\$ 10.00	
Merchandise			
T-shirts	S M L XL XXL	\$ 15.00	
Conference water bottle		\$ 15.00	
Additional Conference Tote Bag		\$ 10.00	
TOTAL			

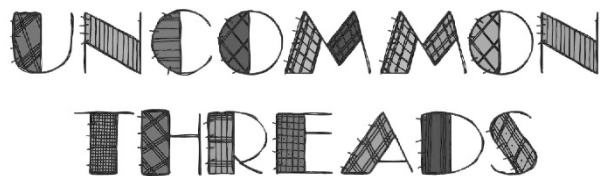
Type of Payment: _____ Check (payable to MWC 2019) _____ Visa _____ Mastercard
Credit Card Number: _____ Expiration Date: _____ 3-Digit Code: _____
Name on Credit Card (please print): _____
Signature: _____

Refunds may be requested in writing or by e-mail through April 19, 2019. A \$25 processing fee will be deducted from all refunds. No refunds are available on or after April 19, 2019. Refunds will be issued by check.

Registration closes on April 19, 2019 Registration may be transferred to another person by notifying the registrar in writing or by e-mail by June 7, 2019.

*Roommate's Name (Your name also must appear on roommate's form.) _____

**Guest Registration (Name to appear on conference badge) _____



Class Preferences

Name: _____

E-mail: _____ Phone: (____) _____

Preconference Workshops: Monday through Wednesday, June 17–19

Choice	Workshop #	Workshop Title
1 st	# _____	_____
2 nd	# _____	_____
3 rd	# _____	_____

Conference Seminars: Friday and Saturday, June 21–22

Your conference registration entitles you to register for:

- One full-day seminar and one half-day seminar OR
- Three half-day seminars

Enter your ideal schedule. For full-day seminars, enter the same class number for both AM and PM. If there is a time period when you do NOT wish to attend a class, please enter “NO CLASS” instead of a class number. A time period left blank may be used to schedule an alternate class.

Time	Class Number	Class Title
Friday AM	_____	_____
Friday PM	_____	_____
Saturday AM	_____	_____
Saturday PM	_____	_____

Registration opens on February 2, 2019, and registration forms must be postmarked no earlier than that date. Forms will be processed in the order received. Register early to ensure you get your ideal schedule.

Requests for schedule changes must be received before June 1, 2019.

Complete both sides of the Class Preference sheet, and make a copy for your records.

Name: _____

Alternative Classes:

Please list classes we may substitute if we are unable to fit you into your ideal schedule. List the classes in order of importance, and show your preference from most preferred (1) to least preferred (5). Feel free to assign the same preference to more than one class if the classes are of equal value to you. Try to choose at least one alternate class for each time slot.

Time(s)	Class #	Class Title	Preference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To provide the best experience for attendees, it is necessary to limit the number of participants in some classes. Some classes may need to be cancelled for insufficient enrollment, teacher emergency, or other unforeseen circumstances.

Please check if you plan to attend:

- MWA Planning Forum
- Complex Weavers Interest Group
- TWIST Interest Group

Help us plan the Time-Out Thursday events by indicating your interest:

- I plan on participating in the activities and/or craft classes on Time-Out Thursday.
- It is likely that I will participate in the activities and/or craft classes on Time-Out Thursday.
- It is unlikely that I will participate in the activities and/or craft classes on Time-Out Thursday.
- I will not be participating in the activities and/or craft classes on Time-Out Thursday.

List any special dietary requirements: _____

Do you have any special needs? (housing/transportation/mobility) _____