



2019 PROGRAM REGISTRATION

Annual Meeting rate: \$35.00
Guest rate: \$45.00

MEMBER NAME: _____

Company: _____

Email: _____

GUEST NAME: _____

Company: _____

Email: _____

GUEST NAME: _____

Company: _____

Email: _____

TOTAL AMOUNT ENCLOSED \$ _____

Make all checks payable to: *Minnesota Chapter of Lambda Alpha*

MAIL form and payment to: LAI Minnesota
c/o Susan Stehling
5140 Vincent Ave. S.
Minneapolis, MN 55410

Notice! Payments must be received by the day of the meeting (or pay at the door). Registrations cancelled less than 24 hours prior to the meeting and no shows will be invoiced at the full price.