The Conference Committee regrets that the full registration option for Alumnae/i, Religious of the Sacred Heart and Students in Network Schools was omitted from the registration form on the invitation. Please use this Registration Form in lieu of the one attached to the invitation.

Eastern Region Conference Registration Form

(Please print clearly and mail with payment.)

Name_____
First (Maiden) Last

Preferred Name for Badge_____

Address_____
City, State, Zip_____
Telephone: (H) _____ (W) _____

Email address _____

Alumna/us of _____ - _____ (Year)

Full Registration for Conference and All Events:
Includes Friday Evening at the Planetarium, Saturday Regional Meeting, Saturday Luncheon, Saturday Home Dinner, Sunday Tour of 8 Prince Street, Sunday Celebration of the Holy Eucharist in Chapel

Please indicate number attending.
_____ **$120 Alumna/us**
_____ **$100 Religious of the Sacred Heart and Current Student in Network School**
_____ I plan to attend a home dinner. My food allergies are as follows: _____
_____ I plan to attend the Celebration of the Holy Eucharist (Limit 2) _____
Optional: See Meeting Agenda for detailed information.
_____ I plan to arrive early to attend ____ Jazz Festival ___ LPGA.*
_____ I plan to stay through Sunday to attend final round of LPGA Competition.*

* The Conference Committee will do its best to assemble groups if there is widespread interest.

Registration for Individual Events:
Please indicate number attending - all prices are per person.
_____ Friday Networking Event: An Evening at the Planetarium-including Star Show ($50) **
_____ Saturday Meeting and Luncheon at the Hyatt Summerfield Suites ($80)
_____ Sunday Tour of 8 Prince Street ($15) **
_____ Sunday Celebration of the Holy Eucharist in 8 Prince Street Chapel
(By Ticket Only- Limit 2- In order of registration form received after full registrants have been accommodated - Donations accepted at the door) **

** Also available to spouses / partners.

I wish to be an AASH angel by including an additional $_____ to help defray conference expenses.
My check for $_____ is enclosed.

Conference fees are non-refundable

PLEASE MAKE CHECKS PAYABLE TO:
AASH Rochester
MAIL REGISTRATION AND CHECK BY MAY 10 TO:
Judy Conley
311 Wyndale Road, Rochester, New York 14617