

INFBPW Fall Conference Registration

October 19, 2024

Please RSVP by October 15th

Name _____ Local _____

I plan to attend: _____ IN PERSON (or) _____ VIRTUAL (ZOOM)

need a good, updated email address email address: _____

Registration Fees:

IN-PERSON Saturday \$50.00 x ____ = _____

VIRTUAL (ZOOM) Saturday. \$25.00 x ____ = _____

1st timer Weekend Package (1st timer as of April, 2024) \$45.00 x ____ = _____

*REGISTRATION MUST BE PAID IN ORDER TO VOTE, WHETHER ATTENDING PHYSICALLY OR VIRTUALLY.
REMOTE REGISTRANTS WILL RECEIVE THE FULL PRINTED CONVENTION PACKET, SHIPPED VIA PRIORITY*

Saturday Luncheon \$20.00 x ____ = _____

Saturday Banquet \$25.00 x ____ = _____

Saturday meal package \$45.00 x ____ = _____

*Dietary Restrictions: _____

****Total Registration Fees, Activities, and Meals \$ _____**

**** IF THE IN-PERSON EVENT IS CANCELED, ALL FEES WILL BE REFUNDED****

Make your check payable to INFBPW and mail it with a completed registration form to: INFBPW (C/O Twilla Deaton, PSP), 241 N County Road 100 W., New Castle, IN 47362 OR bring check to the INFBPW check-in station at the Knightstown Hoosier when you arrive. (A \$20.00 fee will be charged for returned checks)

Volunteers NEEDED:

_____ Pages Date/Time Available _____

_____ Federation Sales Date/Time Available _____

_____ Doorkeepers Date/Time Available _____

_____ Registration/Credentials Date/Time Available _____