

LESTER L. DAHMS MEMORIAL FOUNDATION

Workshop Registration Form
November 3-5, 2017

PLEASE PRINT CLEARLY

Name _____

Address _____

City, State/Province, Zip/Postal Code _____

Telephone Number [day/evening/cell] _____

E-mail _____

Please circle all that apply:

AIP Member NAP Member CP CP-T CPP CPP-T RP PRP RP-R PRP-R

Please use a separate registration form for each participant and each guest..

_____ Registration fee: \$265.00 if postmarked on or before Thursday, 12 October 2017 [registration fee includes meals listed below]

_____ Registration fee: \$295.00 if postmarked after Thursday, 12 October 2017 and "at the door" [registration fee includes meals listed below]

_____ Guest meal - Friday dinner: \$34.00

_____ Guest meal - Saturday lunch: \$24.00

_____ Guest meal - Saturday dinner: \$38.00

_____ Total Enclosed

Make checks payable to Dahms Memorial Foundation, and mail to:

Denise Irminger, Treasurer
Dahms Memorial Foundation
1023 Highland Drive
Liberty, MO 64068-3112

If you have any questions, contact Jeanette Williams, Workshop Coordinator, at 507.289.2792 or jnw2503-dahmsfoundation@yahoo.com.

In order to ensure your full enjoyment of the workshop, please include with your registration any dietary restrictions or physical challenges so that these requests can be addressed prior to your arrival. Menus are posted on the website.