

Name (as it should appear on name tag): _____
 Job title (for attendee list): _____
 Organization name (for attendee list): _____
 Address: _____
 City: _____ State/Prov: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Cell Phone: _____ Email: _____

CONFERENCE FEE

Full Conference Rates (Full rates include all refreshments and meals)

- | | |
|--|---|
| <input type="checkbox"/> Registration by May 1: \$240 | <input type="checkbox"/> Full-time student, registration by May 1: \$140 |
| <input type="checkbox"/> Registration after May 1: \$265 | <input type="checkbox"/> Full-time student, registration after May 1: \$165 |

Daily Rates (Daily rates include all refreshments and meals)

- | | |
|--|--|
| <input type="checkbox"/> Thursday, June 6: \$100 | <input type="checkbox"/> Full-time student: Thursday, June 6: \$55 |
| <input type="checkbox"/> Friday, June 7: \$140 | <input type="checkbox"/> Full-time student: Friday, June 7: \$75 |
| <input type="checkbox"/> Saturday, June 8: \$65 | <input type="checkbox"/> Full-time student: Saturday, June 8: \$35 |

Conference attendees under the age of 18 must be accompanied by an adult.

Members of Plain communities may register at the student rate.

OPTIONAL TOUR (Thursday, 8 a.m. to 3 p.m.)

Each tour includes a box breakfast and lunch in an Amish home.
 Tour spaces are limited; please check the conference website for availability before registering.

- ~~Agriculture: \$65~~ OR Business Enterprises: \$65 OR ~~Health Care: \$65~~

HOUSING

Limited housing is available on campus. Rates are per person and include one set of towels and one set of linens.

Residence Hall room (2 twin beds per room; common bathroom)

- Single occupancy: \$62 per night Double occupancy: \$55 per night

Name of roommate: _____

If you choose to share a room and do not list a roommate, one of the same gender will be assigned.

Apartment (2 bedrooms with 2 twin beds per room; 1 bathroom; and a living room)

- Entire bedroom: \$90 per night Share a bedroom: \$55 per night

Names of apartment mates: _____

If you do not list apartment mates, persons of the same gender will be assigned.

Nights you wish to stay:

- Wednesday, June 5 Thursday, June 6 Friday, June 7

See the conference website, www.etown.edu/amish2019, for off-campus lodging in the Elizabethtown area.

SPECIAL NEEDS (please specify): _____

Conference fee: \$ _____	PAYMENT BY: <input type="checkbox"/> Check payable to Elizabethtown College (enclosed)
Optional tour: \$ _____	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
On-campus housing (nightly rate x number of nights): \$ _____	Credit card number _____
TOTAL: \$ _____	Expiration date _____ CVV (3-digit code on back of card) _____
REGISTRATION OPTIONS:	Cardholder's name _____
Register online at www.etown.edu/amish2019 ;	Cardholder's billing address and zip code _____
fax this form to 717-361-1443 (credit card payment only); mail this form with payment to Amish Conference 2019, Young Center, Elizabethtown College, Elizabethtown, PA 17022-2298. You will receive confirmation of your registration.	Cardholder's signature _____