

National Leadership Conference Registration Form

Complete one form per person attending!

School Information

FCCLA Chapter ID# _____

School Name _____

School Address _____

City _____ Zip _____

School Phone _____ FAX _____

Adviser Name _____ Phone _____

Attendee Information

Female Male Adult Student

STAR Events Participant Chapter Adviser Guest

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Phone _____ Alternate Phone _____

Email _____ Alternate Email _____

Emergency Contact _____ Phone Number _____

Conference Registration

_____ \$ 320.00/Registration Package (Includes Registration, July 4th Event and FCCLA Gala)

_____ \$ 180.00/Weekly Registration (Includes Mandatory Insurance and Illinois Fee)

** Contact Marta Lockwood for Daily Registration Fee information.

_____ \$ 25.00/Conference Room Fee (Mandatory if not staying in the convention hotel)

_____ \$ 75.00/4th of July Event

_____ \$ 85.00/FCCLA Gala