

BPW/MD 2015 Annual State Conference

MAY 15-16, 2015 - Hampton Inn, Frederick, MD

"The Power of YOU ~ Women CAN Do It!"

HOTEL AND CONFERENCE REGISTRATION DEADLINE: MAY 1, 2015

HOTEL REGISTRATION - \$99 / night King/QQ (Double occupancy, \$5 extra person fee) Call Hampton Inn Frederick to reserve sleeping rooms 301-698-2500 OR 800-HAMPTON (code: BPW)

CONFERENCE REGISTRATION FORM

Fill out form below for each attendee and send check <u>payable to BPW/MD</u> to Mary Ellen Poole, 8312 Reno Monument Road, Middletown, MD 21769-8432 (mpoole199@aol.com or 301-371-8575)

Includes course materia	L WORKSHOP - "Individals, lunch, and certificate - seating a.m 5:00 p.m. Ft. Detrick Ro	ng is limited t	o 25. Members a	nd guests welcome.
II. CONFERENCE	PACKAGE (Includes Busine	ss Meeting R	egistration, Fri. ev	vening and all Sat. events):
				\$169.00 \$ \$179.00 \$
III. SPECIAL RAT	E-IDP (\$59) + Full Conference	e Package (\$	159) (Postmarked b	y May 1) \$218.00 \$
IV. INDIVIDUAL EV	/ENTS (please check the eve	ents you plan	to attend or pur	chase individually)
	Session Registration (Required ing Registration (Postmarked after I			\$\frac{1}{2} \ldots \frac{1}{2} \ldots \fract \frac{1}{2} \ldots \frac{1}{2} \ldots \frac{1}{2} \ldots \frac
Friday, May 15, 2015 6:00 p.m. – 6:50 p.m. 7:00 p.m. – 7:45 p.m. 8:00 p.m. – 9:30 p.m. 9:30 p.m. – 10:30 p.m.	Dinner Buffet	cluded in reg. oresentation"	fee above, check	····.□ FREE
9:00 a.m. – 11:30 a.m. 12:00 p.m. – 2:00 p.m. 3:00 p.m. – 5:00 p.m. 6:30 p.m. – 9:30 p.m.	Business Session (included in Saturday Luncheon with Guest Power Workshops	t Speaker et (check box to	indicate your meal se	\$40.00 \$ FREE election) . \$45.00 \$
☐ Platinum Friend - \$10	00 ☐ Gold Friend - \$75 rship for a Guest or BPW Memb	Silver Frien	nd - \$50 🔲 BPW	7 Friend - \$25
	CHECK TOTAL			
	(NOTE: Cancellation Fee	- \$20. No Ref	unds after May 8,	2015) Check all that apply:
NAME				☐ State Officer
ADDRESS				State Chair Past State President
CITY		STATE	ZIP	LO President Member
PHONE (H)	(O)			☐ Presenter ☐ Sponsor
				Guest
(CELL)	EMAIL:			First Time Attending Annual Conference
DIETARY RESTRICTIONS		ADA REQUIR	REMENTS	
LOCAL ORGANIZATION		YES, MY LO	WOULD LIKE A DIS	SPLAY TABLE
LO TABLE CONTACT NAM	ЛЕ	TEL	EI	MAIL