



10th Annual GLTPA

Spring Celebration

- Qualifies for MI & WI SFI/SFE Credit
- GLTPA Member Meeting
- Lunch Included
- Exhibitors

PRE-REGISTRATON FORM

April 9, 2018 • 8:00AM - 4:00PM EDT • Island Resort & Casino

W399 Hwy 2, Harris, MI • Hotel Phone: 877-475-7375 or 1-800-682--6040

******Pre-Registration Ends March 30th. Walk-Ins will be charged an additional \$5******

Registration

\$25-GLTPA Member WITH Credit

*Any Employee of a Member can register at the member rate.

\$15-GLTPA Member NO Credit

For Members who DO NOT want to receive Credit

\$40-Non-Member

Includes SFI/SFE Credit

Please print clearly

Company Name: _____

Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Individuals Attending	Last 4 Digit of SSN <i>Only for those attending for SFI Credit Will be kept confidential</i>	Please Check One		
		Member NO credit \$15	Member WITH credit \$25	Non-Member \$40
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make checks payable to:

GLTPA

PO Box 1278, Rhinelander WI 54501

of GLTPA Members NO Credit _____ x \$15 = \$_____

of GLTPA Members WITH Credit _____ x \$25 = \$_____

Questions or Concerns? Call GLTPA

at 715-282-5828 or email: info@gltpa.org

of Non Members _____ x \$40 = \$_____

Total Amount Enclosed \$_____

HOTEL INFORMATION

At this time there is no block of rooms for exhibitors or attendees reserved for this event. Please contact the Island Resort & Casino for availability 877-475-7375. For a detailed list of accommodations in and around Escanaba, MI, call the Delta County Chamber of Commerce at 906-786-2192.

If you would like to pay with MasterCard or Visa, you may fax this registration form to GLTPA at 715-282-4941

Visa or MasterCard (Circle One) _____ - _____ - _____ - _____ - _____

Expiration _____ / _____ Signature: _____