



**GLLCA 2020 CONFERENCE &  
 ANNUAL GENERAL MEETING**  
[www.gllca.org](http://www.gllca.org)  
**REGISTRATION FORM**  
**MAY 1<sup>st</sup> and 2<sup>nd</sup>, 2020**  
**Junction Inn Suites**  
**2681 County Road 70**  
**Babbitt, MN 55706**

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**2681 County Road 70**  
**Babbitt, MN 55706**  
**844-533-7666**

**GLLCA ANNUAL GENERAL MEETING AND CONFERENCE REGISTRATON FORM**

**NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

2-Day Conference Registration – May 1<sup>st</sup> and 2<sup>nd</sup>, 2020:

Members with meals*	\$180.00X	_____	=	\$ _____
Guest (cost of meals*)	\$100.00X	_____	=	\$ _____
Non-Members with meals*	\$205.00X	_____	=	\$ _____
Guest (cost of meals*)	\$100.00X	_____	=	\$ _____
Members without meals	\$ 80.00X	_____	=	\$ _____
Non-Members without meals	\$105.00X	_____	=	\$ _____

1-Day Conference Registration:

Members with meals*	\$115.00X	_____	=	\$ _____
Non-Members with meals*	\$120.00X	_____	=	\$ _____
Members without meals	\$ 50.00X	_____	=	\$ _____
Non-Members without meals	\$ 60.00X	_____	=	\$ _____

(\*Meals included are Friday & Saturday Breakfast, Lunch & Supper)

TOTAL ..... \$ \_\_\_\_\_

Payment Method:      Check                          Credit Card

**Lodging to be arranged directly with the JUNCTION INN SUITES (844-533-7666) with a room rate of \$89.99 plus tax for Thursday night, 04-30-2020 and \$119.99 plus tax per night for Friday, 05-01-2020 and Saturday, 05-02-2020. This room rate is only guaranteed until March 30, 2020.**

**REMEMBER TO MENTION THE GLLCA TO GET THE DISCOUNTED ROOM RATE.**

Return to your registration form to Kay Sellman, GLLCA Business Manager at 24355 Esquire Blvd., Forest Lake, MN 55025 Phone: (612) 590-7133 Or by e-mail at [info@gllca.org](mailto:info@gllca.org)

The GLLCA has the capability of accepting payment by credit card. If you choose to pay by credit card, fill out the form below and return it with your registration form.

**CREDIT CARD CAPABILITY:**

CHECK CARD USING FOR PAYMENT: (Check one)

- MASTER CARD  
 VISA

AMOUNT:
PRINT CARDHOLDER NAME:
CREDIT CARD NO:
EXPIRATION DATE:
SECURITY CODE:
SIGNATURE:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT