



GLLCA 2026
ANNUAL GENERAL MEETING
& CONFERENCE
www.gllca.org
REGISTRATION FORM
NORTHERN WATERS CASINO
906-358-4226

LAC VIEUX DESERT'S
NORTHERN WATERS CASINO
N5384 US HIGHWAY 45
WATERSMEET, MI 49969
906-358-4226

GLLCA 2026 ANNUAL GENERAL MEETING AND
CONFERENCE REGISTRATON FORM

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

2-Day Conference Registration – April 24th & 25th, 2026:

Meals provided are lunch and dinner on Friday and lunch only on Saturday. Breakfast comes with the room.

Members with meals *	\$250.00	X _____	= \$ _____
Guest (cost of meals *)	\$120.00	X _____	= \$ _____
Members without Meals *	\$130.00	X _____	= \$ _____
Non-Members with meals *	\$285.00	X _____	= \$ _____
Non-Members without meals *	\$165.00	X _____	= \$ _____

1-Day Conference Registration:

Members with meals *	\$130.00	X _____	= \$ _____
(Guest (cost of meals*))	\$ 70.00	X _____	= \$ _____
Members without meals *	\$ 70.00	X _____	= \$ _____
Non-Members with meals *	\$165.00	X _____	= \$ _____
Non-Members without meals*	\$105.00	X _____	= \$ _____

ALL MEALS ARE INCLUDED IN REGISTRATION FEE
 (BREAKFAST IS INCLUDED IN THE ROOM RATE)

TOTAL \$ _____

(*Plus an auction item for GLLCA Fundraiser auction)

Payment Method: Check Credit Card Cash

**Lodging to be arranged directly with the LAC VIEUX
DESERT'S NORTHERN WATERS CASINO
(906-358-4226) AT \$90.00 plus tax.**

**MENTION - GLLCA TO GET THE DISCOUNTED
ROOM RATE. DISCOUNTED ROOM RATE IS ONLY
AVAILABLE UNTIL 04-17-2026.**

Return 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.

REGISTRATION FORMS ARE REQUIRED TO BE SENT TO KAY BY APRIL 5TH, 2026. FOOD WILL NOT BE INCLUDED AFTER APRIL 5TH.

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