***MAR-velous Spring Conference/Installation 2024***

**Please use THIS FORM when paying by check**

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sisterhood/Affiliate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in your Sisterhood/Affiliate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_

Registration: Mark only ONE Circle:

 $36 admission

 $48 donor admission

 $54 sponsor admission

Choice of Workshop: Mark only ONE Circle:

 Presidents’ Session

 Torah Fund Session



 Judaica Shop

 Torah Study: Judaism and Inclusion



Dietary Needs or Restrictions: Mark circles as needed:

 Gluten Free

 Lactose Intolerant

 Peanut Allergy

 Other, list as needed:

**Print out, fill out, and submit to:**

**Ariana Burrows**

**406 Shoemaker Road**

**Elkins Park, Pa 19027**

**By Wednesday, April 17, 2024**

**Checks made payable to**

**Mid-Atlantic Region WLCJ**

