

Signature_____

2024 LIFESHARING CONFERENCE October 28-29, 2024, Eden Resort & Suites

Registration Form

Contact Information Full Name _____ Title _____ Organization _____ Street Address _____ City State Zip Code E-Mail Please select the size for your T-shirt; sizes are unisex and cannot be changed: □ Small ☐ Medium Large □ X-Large ☐ XX-Large ☐ XXX-Large ☐ XXXX-Large Check the box below to request accessibility or dietary accommodations; requests must be received by September 23: Closed Captioning ☐ American Sign Language □ Dietary Requirements/Allergies _____ Attendee Registration Rates ☐ Full Event, Early-Bird Rate available through August 16 — \$200 ☐ Full Event, Regular Rate, After August 16 – \$225 ☐ One Day – Monday, \$150 ☐ One Day – Tuesday, \$150 **Payment** ☐ Check (payable to "Bridge Consulting Corp") Taxpayer ID #20-0650892 ☐ Credit Card ___Visa ___Mastercard ___American Express ___Discover Name as it appears on card _____ Billing Address Card No._____ CVC: ____ Exp. Date _____

Mail, email or fax completed form and payment to: Lifesharing Conference, Attn: Bridge Consulting Corp., PO Box 1045, Linwood, PA, 19061; Fax 610.494.7406; Email: registrations@bridgeconsultingcorp.com