

**NORTHEAST GRANGE LECTURERS' CONFERENCE**

Full Conference \_\_\_\_\_ Roommate \_\_\_\_\_  
Commuter \_\_\_\_\_ Part time, with room \_\_\_\_\_ Mon. Tues

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & No. of Grange \_\_\_\_\_

**Send separate \$10 fee per person (payable to your State Lecturer) and this registration card, to your State Lecturer BY JUNE 30th.**

*Handicap access needed and/or special needs list on back be specific.*

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