

2021 ALP Conference Registration Form  
Leavenworth, Kansas  
April 15-18, 2021

Please complete one form for each attendee.

Name of Registrant: \_\_\_\_\_ Current ALP Member: Yes No

Mailing address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Attendees main phone number: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_ Phone number \_\_\_\_\_

I understand the Registration Fee for all attendees, regardless of membership, is \$40 per person: YES NO

I will attend Thursday Social and John Brown presentation (no fee): YES NO

I will attend Friday morning tour of the University of St. Mary. Cost is \$5: YES NO

I will attend Friday daytime presentations and tour of Ft. Leavenworth, including lunch buffet (\$20): YES NO

I will attend Friday afternoon Mary Lincoln Tea (details in information packet). No cost: YES NO

I will attend Friday Evening Dinner & Speaker (\$30): YES Stuffed Chicken Breast

YES Vegetarian Option YES Gluten-Free Option NO

I will attend Saturday trip to Lecompton – presentations, tour of Capitol Museum, lunch of fried chicken and potatoes (cost is \$40): YES YES Vegetarian Option No

I will attend Saturday Dinner and Annual Business Meeting Buffet meal. Cost is \$25:  
YES Carved Beef & Roast Turkey YES Vegetarian Option YES Gluten-Free Option NO

I will attend Sunday Church Service at a local church (details in information packet): YES NO

I declare that all the information entered here is honest and true. If my plans, contact information or dietary restrictions change, it is my responsibility to inform Murray Cox [3979 S. Bailey Road, Wabash, IN 46992; home phone (260)563-7126 (VOICE ONLY); at conference: (206)563-7126 (voice or text)]. YES NO

Add up all costs. Enter the total for this registrant here. Mail check (made out to ALP) to Murray Cox.

This registrants amount is \$\_\_\_\_\_.

I plan to arrive in Leavenworth on \_\_\_\_\_

Comments (registration; dietary information; other): \_\_\_\_\_

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