

FAMILY CONFERENCE REGISTRATION FORM

Name(s) _____
Address _____

Phone # _____
Cell # _____
E-mail _____

Sessions Desired:

Registrant 1
Morning: _____
Afternoon: _____
Registrant 2
Morning: _____
Afternoon: _____

Childcare:

Name(s) and Ages (s) of children

Cost:

Registration (\$20/ind. or \$30/couple) _____
Childcare (\$15/child or \$25/family) _____
Total: _____

Send payment (payable to EBCLA) and registration to
EBCLA (Attn: Shirley Lew)
1255 San Gabriel Blvd. Rosemead, CA 91770

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