

2010 Little League International Congress

Registration Form



Register on-line or for more International Congress information:
http://www.littleleague.org/Learn_More/About_Our_Organization/congress.htm

CONGRESS REGISTRATION DEADLINE IS JANUARY 15, 2010

2010 International Congress Registration

***If sending an alternate, this form must be completed with the alternate's information and the DA must sign below

***Any individual attending the Congress may complete this form and individually register for the Congress by returning the completed form with payment to Little League International

*** Only District Administrators or Assistant District Administrators **registered** for the Congress may be assigned to a "Round Table"

Name: (please print) _____

District #: _____ Select One: DA / Alternate ADA Guest

If registering as an ADA would you like to be assigned to a Round Table: Yes No

Address: _____

City: _____ State/Country: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

E-Mail: _____

I wish to register additional Guests: (Registration fee is \$50 per person)

(Please check the box if the registered guest is an ADA and wants to be assigned to a Round Table. To be assigned to a Round Table the ADA's name must be listed on the District Administrator profile form on file at Little League International)

1 _____	<input type="checkbox"/>	9 _____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	10 _____	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	11 _____	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	12 _____	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	13 _____	<input type="checkbox"/>
6 _____	<input type="checkbox"/>	14 _____	<input type="checkbox"/>
7 _____	<input type="checkbox"/>	15 _____	<input type="checkbox"/>
8 _____	<input type="checkbox"/>	16 _____	<input type="checkbox"/>

DESIGNATION OF AN ALTERNATE

I will be unable to attend the Congress and I hereby designate the following individual to represent my district at the Congress. I understand that my alternate must be from my district and Little League International must approve the alternate.

Alternate Name _____

DA Name _____ State _____ District # _____

DA Signature _____

2010 International Congress Registration

Registration

Registering for the Congress entitles each registrant to the following:
Congress identification, registration gifts, hospitality mixer invitation

Total Number of Congress registrants including yourself ____ x \$50

Total fee for registration: \$_____

Welcoming Hospitality Event, Friday, MARCH 12

If you did not register a guest(s) for the International Congress and would like the guest(s) to attend the hospitality event you may purchase additional hospitality tickets

I wish to purchase ____ additional hospitality event tickets at \$20 each

Total fee for additional Hospitality Event Tickets: \$_____

District Volunteer Recognition Luncheon, Sunday, MARCH 14

*** Tickets to the District Volunteer Recognition Luncheon are complimentary to the Delegate***

I wish to purchase ____ additional lunch tickets at \$30 each

Total fee for District Volunteer Recognition Lunch Tickets: \$_____

Chairman's Banquet, Monday, MARCH 15

*** Tickets to the Chairman's Banquet are complimentary to the Delegate***

I wish to purchase ____ additional banquet tickets at \$60 each

Total fee for Chairman's Banquet Tickets: \$_____

Total for registration, hospitality, luncheon and banquet: \$_____

(Please complete back side of this form)

METHOD OF PAYMENT FOR REGISTRATION

____ I have enclosed a check in the amount of the total cost for registration, hospitality tickets, lunch tickets, and banquet tickets

____ Charge my credit card (only Visa or MasterCard accepted) for the amount of the total cost for registration, hospitality tickets, lunch tickets, and banquet tickets

Name on card _____

Visa or MasterCard _____

(Select one)

Exp. Date

Card Number

TRAVEL INFORMATION

Hotel (please check one): Hyatt Hilton Crowne Plaza

____ I have made my airline arrangements through AAA North Penn

____ I have made my airline arrangements with another travel agency and have enclosed a copy of my airline receipt for appropriate reimbursement as determined by Little League International. My flight information is as follows:

Airline	Flight #	Arrival date/time	Departure date/time
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____ I will be driving to Lexington. Please issue the appropriate mileage reimbursement not to exceed the most economical airfare, from the closest major airport, as determined by Little League International.

The following are my arrival and departure dates:

Arrival date: _____ Departure date: _____

Return completed to:

**Little League International Congress
539 US Route 15 Hwy
PO Box 3485
Williamsport, PA 17701-0485**

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