

LACAWAC ECOLOGY CONFERENCE REGISTRATION
Sept 23-24, 2016 at Lacawac Sanctuary and Field Station in Lake Ariel, PA

Name: _____ phone: _____
Organization: _____ e-mail: _____

A completed registration form and payment must be received by September 13, 2016.

Presentations:

___ YES, I will give a 15-minute presentation. TITLE of presentation _____

___ NO, I will not be presenting, but I will attend the conference

Lodging: Limited overnight housing will be available at the Lacawac Lodge and Ice House on a first-come first-served basis (\$30/night). **All Lacawac lodging facilities are shared rooms/shared restrooms. Bring your own twin sheets (or sleeping bag), pillowcase, and towels. A pillow and blanket are provided.** We have a sleeping porch, but it may be chilly at night. Please indicate below if you would be willing to room on the sleeping porch. If you select Lacawac lodging and it is already full, you will be contacted. If you prefer other accommodations, there are local options available: the Comfort Inn Pocono Lakes Region (~15 minutes), The Ledges, and The Settlers Inn in Hawley (both ~25 minutes). To book a room, contact the hotel directly.

Dietary needs/allergies: Please list any so we can accommodate your needs. _____

LODGING FEE

___ **\$30** for Lacawac lodging on 9/23
___ **\$30** for Lacawac lodging on 9/24; LEC ends on the afternoon of the 24th, but you are welcome to stay overnight to meet with others or enjoy Lacawac
___ check here if you are open to rooming on the sleeping porch

REGISTRATON FEE (includes reception 9/23; catered breakfast and lunch 9/24; refreshments during breaks)

___ **\$75**

TOTAL FEES

\$ _____

Payment options

Check: Make payable to **Lacawac Sanctuary - LEC** and send to: Sarah Princiotta, Lacawac Sanctuary, 94 Sanctuary Road, Lake Ariel, PA 18436.

Credit card: Call Sarah Princiotta or Craig Lukatch at Lacawac (570-689-9494) or fill out information below.

___ Visa ___ Mastercard ___ Discover ___ American Express

Please charge the following credit card number in the amount of \$ _____

Name on credit card: _____

Billing address: _____

Acct number: _____ Exp. Date: ___ / ___ CVV: _____

Signature: _____ Date: _____

Cancellation policy: The last day to cancel for a full refund is **Sept. 19, 2016**. Refunds after this date will be charged a \$25 administrative fee and will be deducted from the registration/lodging fees.

Contact Sarah Princiotta with any questions: sarah.princiotta@lacawac.org