**Chicago Reunion September 1-6 2024**

**REGISTRATION (One person per form)**

**Due NLT 15 Nov**

**First Name: Last Name:**

**Address: City: State:**

**Email address: Phone: ( )**

**Food or Medical allergies/requirements: Text 309-241-7135 include name and specific needs**

**Registration $500.00 (Due January 2, 2024)**

**Final payment: $270.00 (Due August 1, 2024)**

**Hotel Reservation Link:** [**http://www.marriott.com/event-reservations/reservation-link.mi?id=1684956634975&key=GRP&app=resvlink**](http://www.marriott.com/event-reservations/reservation-link.mi?id=1684956634975&key=GRP&app=resvlink)

**For any issues with booking your room please contact:**

**LaSalle Chicago Hotel**

**Lainey Kruse-Fallon, Sales Coordinator**

**Phone: 872-365-5845**

**Make checks payable to: ARA Margaret Witt**

**Mail to: Margaret Witt**

 **8876 Darby Dan Lane**

 **Germantown, TN 38138**

**pwitt8876@gmail.com**

 **305-803-8480**

**Questions: Call or Text: Alicia Tate-Nadeau**

 **309-241-7135**