



ALRA 2003 Conference Registration Form – Delegate
July 26-30, 2003
Marriott Detroit – Renaissance Center
Detroit, Michigan



“Challenge of Change: Seeking Solutions in Turbulent Times”

INSTRUCTIONS: Please type or print clearly. Registration for all activities at the 5-day conference is available only to delegates from ALRA member agencies. Delegate’s guests may attend certain optional activities. Please complete both sides of this form. We request your reservation ASAP, and if at all possible, no later than **Monday, June 30, 2003**. For information/assistance, contact Ruthanne by phone: (313) 456-3519, FAX: (313) 456-3511, or E-mail: alra2003@michigan.gov.

First time Attendee?	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Name: Last	First	MI
<input type="checkbox"/> Yes	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			
<input type="checkbox"/> No	<input type="checkbox"/> Honorable			
Title		Agency Name		
Address Line 1				
Address Line 2				
City	State / Province	Country	Zip / Postal Code	
Phone ()	Cell Phone ()	FAX ()	E-mail	
Arrival Date	Arrival Time <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening	Departure Date	Departure <input type="checkbox"/> morning 7 P H <input type="checkbox"/> afternoon <input type="checkbox"/> evening	
Disability Accommodation Needs: <input type="checkbox"/> No <input type="checkbox"/> If yes, list event number(s) and describe requirements:		Special Diet Requirements: <input type="checkbox"/> No <input type="checkbox"/> If yes, list event number(s) and describe requirements:		
Enter Delegate’s Registration Fee (if applicable): \$325 U.S.			\$	
Enter “Total Due” from reverse side of this form:			\$	
TOTAL AMOUNT ENCLOSED: (Registration fee + total due from reverse side of this form.)			\$	
Make checks payable to:	ALRA 2003 – If your delegate registration fee has been, or is being paid under separate mailing from your agency, please check here: <input type="checkbox"/>			
Send completed form to:	ALRA 2003 Conference Michigan Bureau of Employment Relations Department of Consumer and Industry Services PO Box 02988 Detroit, MI 48202-2988			
FOR OFFICE USE ONLY:		Date Received	Check No.	P.O. No.

Hosted by: Federal Mediation and Conciliation Service (Canada), Federal Mediation and Conciliation Service (U.S.), Michigan Bureau of Employment Relations, Michigan Department of Civil Service, National Labor Relations Board, Ontario Ministry of Labour–Labour Management Services

OPTIONAL ACTIVITIES – ALRA 2003 Conference – Delegate

1. **Delegates:** Mark all events in Column A that you will be attending, including those with no charge. This allows us to estimate attendance count for meals. Mark all events in Column B for which you want guest tickets, and calculate the amount due for each individual event. Fill out guest name(s) below.
2. **Total:** Calculate the total amount due for each individual event by adding Columns A and B together and entering the combined total amount due for Delegates and Guests in this column.
3. **Total Due:** Add together all of the individual event amounts due listed in the “Total” column and place the sum of all events on the “Total Due” line below and on the “Total Due” line on the reverse side of this form.

Event	Delegates (Column A)	Guests (Column B)	Total (A + B)
1. Saturday, July 26, 2003 Detroit Tigers v Kansas City Royals	__ @ \$20	__ @ \$20 = \$_____	\$_____
2. Sunday, July 27, 2003 Brunch at Hotel	__ @ No Charge	Not Applicable	Not Applicable
3. Sunday, July 27, 2003 Reception at Hotel	__ @ No Charge	__ @ \$40 = \$_____	\$_____
4. Monday, July 28, 2003 Continental Breakfast at Hotel	__ @ No Charge	Not Applicable	Not Applicable
5. Monday, July 28, 2003 Lunch at Hotel	__ @ No Charge	Not Applicable	Not Applicable
6. Monday, July 28, 2003 Reception at Detroit Institute of Arts	__ @ No Charge	__ @ \$65 = \$_____	\$_____
7a. Tuesday, July 29, 2003 Ford Engine Plant Tour, Windsor, Ontario, Canada ^{1 2}	__ @ \$25	__ @ \$25 = \$_____	\$_____
7b. Tuesday, July 29, 2003 Greenfield Village/Henry Ford Museum Visit, Dearborn, Michigan ²	__ @ \$35	__ @ \$35 = \$_____	\$_____
8. Wednesday, July 30, 2003 Lunch at Hotel	__ @ No Charge	Not Applicable	Not Applicable
9. Wednesday, July 30, 2003 Closing Banquet at Hotel	__ @ No Charge	__ @ \$60 = \$_____	\$_____
TOTAL DUE (Enter here and on reverse side of this form.)			\$_____

¹ Remember to take your (1) passport or (2) birth certificate and two pieces of government issued photo ID such as a driver’s license and public employee ID.

² The Ford Engine Plant tour and the Greenfield Village tour are at the same time. You may choose only one.

Guest Information – Please provide the following information:

Guest Name(s)	
Guest Disability Accommodation Needs: <input type="checkbox"/> No <input type="checkbox"/> If yes, list event number(s) and describe requirements:	Guest Special Diet Requirements: <input type="checkbox"/> No <input type="checkbox"/> If yes, list event number(s) and describe requirements: