

Business and Professional BPW/MD 2017 Fall Board of Directors Meeting and NBWW® Celebration

Women/MD November 3-4, 2017 • Ramada Plaza, Hagerstown, MD

The Power of YOU ~ Women Taking the Lead and Changing the World!

HOTEL SLEEPING ROOM RESERVATION DEADLINE: OCT 27, 2017

Sleeping Rooms - \$82/night double + 12% tax (includes free breakfast)
Call (800) 272-6232 or 301-797-2500 to reserve sleeping rooms (Group Name: BPWMD)

EARLY CONFERENCE REGISTRATION DUE OCTOBER 27, 2017

CONFERENCE REGISTRATION FORM



FULL REGISTRATION PACKAGE – (Includes Friday Equality Happy Hour, Dinner/Movie, Saturday Business Session/ Workshop and Saturday NBWW® Luncheon <i>— Choose Entrée:</i> ☐ Burgundy Beef Tips ☐ Stuffed Chicken Breast ☐ Pasta Primavera NOTE – Friday lunch may be added below for additional cost.	
Early Registration Package (Full Registration – Postmarked on/before Oct. 27) Regular Registration Package (Full Registration – Postmarked <u>after</u> Oct. 27)	
INDIVIDUAL EVENTS (please check the events you plan to attend or purchase individually)	
Early Business Session (Required to attend Business – Postmarked on/before Oct. 27)	\$49.00 \$
Regular Business Session (Postmarked after Oct. 27)	559.00 \$
Friday, Nov. 3, 2017	
Note: Friday IDP class and luncheon are NOT included in the Full Registration Package; must be 10:30 a.m. – 4:30 p.m. Individual Development Program, 101 Part 1 (includes materials and lun 10:30 a.m. – 4:30 p.m. Individual Development Program, 101 Part 2 (includes lunch)	nch) \$50.00 \$ \$20.00 \$ 2) \$20.00 \$
Saturday, Nov. 4, 2017 9:00 a.m. – 11:30 a.m. Business Session (incl. in reg. fee above, check box if attending)	
YES! I WOULD LIKE TO HELP SPONSOR THE BPW/MD FALL CONFERENCE ☐ Platinum Friend - \$100 ☐ Gold Friend - \$75 ☐ Silver Friend - \$50 ☐ Friend - \$25 ☐ Scholarship for IDP - \$50 ☐ Registration Sponsorship for a Guest or BPW Member - \$99 \$	
(NOTE: Cancellation Fee - \$20. No Refunds after October 27, 2017)	HECK TOTAL \$
Please print:	Chook all that apply
NAME	Check all that apply: ☐ State Officer
ADDRESS	State Chair
	Past State President
CITY STATE ZIP	LO President
PHONE (H) (O)	
(CELL) EMAIL:	Sponsor
	Guest
DIETARY RESTRICTIONS ADA REQUIREMENTS	NBWW® Honoree
LOCAL ORGANIZATION	First Time Attending State Conference
YES, MY LO WOULD LIKE A DISPLAY TABLE HALF WHOLE	
LO TABLE CONTACT NAME TEL EMAIL	