



**GLLCA 2024  
 ANNUAL GENERAL MEETING  
 & CONFERENCE**  
[www.gllca.org](http://www.gllca.org)  
**REGISTRATION FORM**  
**TRINITY WOODS RETREAT CENTER**  
**(715) 319-3064**

**TRINITY WOODS RETREAT CENTER  
 (FORMERLY THE HEARTWOOD RESORT)  
 N10884 HOINVILLE ROAD  
 TREGO, WI 54888  
 (715) 319-3064**

**GLLCA 2024 ANNUAL GENERAL MEETING AND CONFERENCE**  
**REGISTRATON FORM**

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**2-Day Conference Registration – May 17<sup>th</sup> & 18<sup>th</sup>, 2024:**

**Members with meals\*** **\$250.00** x \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Plus an auction item for GLLCA  
 Fundraiser auction)

**Guest (cost of meals \*)** **\$160.00** X \_\_\_\_\_ = \$ \_\_\_\_\_

**Non-Members with meals\*** **\$285.00** X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Plus an auction item for GLLCA  
 Fundraiser auction)

**1-Day Conference Registration:**

**Members** **\$140.00** X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Plus an auction item for GLLCA  
 Fundraiser auction)

**Non-Members** **\$ 175.00** X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Plus an auction item for GLLCA  
 Fundraiser auction)

**ALL MEALS ARE INCLUDED IN REGISTRATION FEE  
 (BREAKFAST IS INCLUDED IN THE ROOM RATE)**

TOTAL ..... \$ \_\_\_\_\_

Payment Method:    Check                          Credit Card

**Lodging to be arranged directly with the TRINITY WOODS  
RETREAT CENTER (715) 319-3064 with a room rate of  
\$199.00 plus tax MENTION - GLLCA TO GET THE  
DISCOUNTED ROOM RATE.**

**NOTE: All COVID19 rules and regulations will be followed at the GLLCA Annual General Meeting and Conference.**

**Return your registration form to Kay Sellman, GLLCA Business Manager at 24355 Esquire Blvd., Forest Lake, MN 55025 Phone: (612) 590-7133 Or by e-mail at [info@gllca.org](mailto:info@gllca.org)**

The GLLCA has the capability of accepting payment by credit card. If you choose to pay by credit card, fill out the form below and return it with your registration form.

**CREDIT CARD CAPABILITY:**

CHECK CARD USING FOR PAYMENT: (Check one)

- MASTER CARD  
 VISA

AMOUNT:
PRINT CARDHOLDER NAME:
CREDIT CARD NO:
EXPIRATION DATE:
SECURITY CODE:
SIGNATURE:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT