

TENNESSEE VALLEY REGION - EGA

SHARE-A-STITCH 2024

Friday, August 16, 2024

7:00 pm – 9:00 pm

Atlanta Hilton Hotel, 255 Courtland St.

Atlanta GA

Registration deadline: June 30, 2024

**PLEASE PRINT ALL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EGA member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration** must be accompanied by payment of the $65.00 registration fee.

Registrations will be accepted and processed provided that payment is postmarked no later than DEADLINE June 30, 2024.

**Form of payment:** We can accept checks only. **Make payable to TVR**.

**Refund policy:** Registration fee is non-refundable with limited exceptions (below).

**Release Form :** I release The Embroiderers’ Guild of America, Inc., and EGA Tennessee Valley Region from any liability for theft, property damage, or personal injury while participating in or attending any functions and/or meetings of SAS 44, TVR Seminar 2024, on August 16, 2024, in Atlanta, GA. Refunds for cancellations will be made only in cases of documented illness or death of the participant or an immediate family member, and with approval of SAS 44 Seminar Chair and Registrar.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed form and payment (check **made payable to TVR**) to:

Marnie Graley, SAS 2024 Registrar, 2 Hope Crest Drive, Barboursville, WV 25504

Questions to Registrar Marnie Graley marlow0915@icloud.com