

The 27th State of Georgia
Lymphedema Education and Awareness
Conference
Mail-In Registration Form
PLEASE PRINT

Name _____
First Last Suffix/Prof Cred

Employer/Company _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail _____

I plan to attend (please check one):

☐ \$250 - Friday and Saturday (for CCH, professionals only)

☐ \$200 - Saturday (for CCH)

☐ \$200 - ZOOM Saturday only (for CCH)

***Register before July 15 for \$50 off CCH Registration Fee**

☐ \$50 - Saturday (patient/caregiver)

☐ \$50 - ZOOM Saturday (patient/caregiver)

If you are attending **in person** on Saturday, select your choice of Boxed Lunch (please check one):

☐ Turkey and Cheese Sandwich

☐ Grilled Chicken Salad

☐ Large Garden Salad (Vegetarian and Gluten-Free)

Payment

Online Registration: <https://lighthouseymphedema.org>

Mail-In Registration: Mail this form and a check payable to

Lighthouse Lymphedema Network to:

LLN Registration / Deb Cozzone

1039 Charleston Trace

Roswell, GA 30075

Registrations are fully refundable before September 15, 2025. No refunds will be made on or after September 15.

NEW LOCATION!

The Roam Dunwoody
1155 Mount Vernon Hwy NE, Suite 800
Atlanta, GA 30338

DATE/TIME

Friday, October 17, 9 am – 4 pm

Treatment for Brain Lymphatics

Pre-Conference Session for CLTs ONLY

Saturday, October 18, 8:30 am – 4:30 pm

All welcome

Light Breakfast & Exhibits Begin at 7:30 am

Lunch is provided. Please make your selection during registration.

CCH applied for

ACCOMMODATIONS

Crown Plaza Atlanta Perimeter at Ravinia

4355 Ashford Dunwoody Rd NE, Atlanta, GA

To receive the LLN Conference Rate:
Call the Crowne Plaza at 770-395-7700, select 1
for Guest Reservations, and request the
Lighthouse Lymphedema Network rate for the
night(s) you plan to stay.

QUESTIONS?

For further information, please contact
registration@lighthouseymphedema.org

