



## REGISTRATION FORM

Name \_\_\_\_\_

Spouse/Guest(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter \_\_\_\_\_

Please circle: State Director    State Officer    Chapter President  
if applicable

If you are flying to SGF and need ground transportation:    Y    N

Aircraft \_\_\_\_\_ Arrival Date \_\_\_\_\_

ETA \_\_\_\_\_ Departure Date \_\_\_\_\_ ETD \_\_\_\_\_

Registration Fee - \$115    X \_\_\_\_\_ = \_\_\_\_\_  
# of attendees                      Total Fee

Registration fee includes: Convention packet, Friday evening reception, hospitality room, Saturday continental breakfast, lunch and banquet.

Please mail registration form with payment to: Cinda Rodgers  
5018 S Rochelle Ct  
Springfield MO 65804