

CONFERENCE REGISTRATION – Altrusa International District Eleven May 2 – 5, 2019

Full Name: _____ Preferred First Name – Badge: _____

Phone or Cell: _____ Email: _____

Address _____ City, State, Zip _____

Altrusa International of _____ **DEADLINE DATE: April 2, 2019**

NO REFUNDS

Check all that apply: Current Governor Current District Board Member District Chair
 First Timer Current Club President Past Governor Lamplighter International Rep

IMPORTANT: SUBMIT SEPARATE FORM FOR EACH ATTENDING MEMBER

Early Bird Prize – Free Registration for the next Conference.

Winner randomly drawn from first 10 Registrations received.

FULL REGISTRATION FEE – ENTIRE CONFERENCE \$180.00 \$ _____

Includes Friday/Saturday Luncheons, all Sessions, and Saturday Evening Banquet

PARTIAL REGISTRATION

Friday Only – All Sessions, Workshops, and Lunch \$100.00 \$ _____

Saturday Only – All Sessions, Workshops and Lunch \$100.00 \$ _____
 (Does not include Saturday Evening Banquet)

I WILL BE ATTENDING PRESIDENTS *TREASURERS* *WORKSHOP May 2nd*

FRIDAY EVENING EVENT – The Corvelles # _____ @ \$45.00 \$ _____
 (See Information Flyer)

GUEST MEALS

Friday - Luncheon Only (Guests) # _____ @ \$32.00 \$ _____

Saturday - Luncheon Only (Guests) # _____ @ \$32.00 \$ _____

Saturday – Banquet (Guest and Members) # _____ @ \$42.00 \$ _____

LATE FEE: REGISTRATIONS POSTMARKED AFTER April 2, 2019 \$25.00 \$ _____

TOTAL CHECK (your check is your receipt) \$ _____

Mail check and registration to:
 Susannah Berning Registration Chair
 2312 Finch Lane, San Diego, CA 92123-3715

Make check payable to:
 Altrusa Int'l District Eleven Conference

SATURDAY EVENING BANQUET MEAL CHOICE: Chicken Saltimbocca
 Southwestern Tri -Tip **VEGETARIAN OPTION FOR ALL MEALS**

SPECIAL DIETARY RESTRICTIONS: _____
 (continue on back if needed)

To pay with your credit card if you choose.

To send form to Conference treasurer at: *bettybaran47@gmail.com* for her to process your credit card:

Name on card _____

Billing address _____

_____ zip code _____

Card number _____ cvc _____

Expiration date _____

Signature _____ Date _____

You may also process your own payment by clicking on the PayPal button below, then email the registration form to *bettybarab47@gmail.com*

Or send in a check with your registration form to Susannah Berning (address on front of form)