

SI CRR 2018 Spring Conference

MEETING REGISTRATION & MEAL RESERVATIONS

PLEASE READ ALL INSTRUCTIONS ON SEPARATE PAGE BEFORE COMPLETING THIS FORM

Make checks payable to:
Camino Real Region
 Mail / Email to: SANDI NABA
 27633 Blackfoot Court, Castaic, CA 91384
 sbnaba@gmail.com, Cell 661-645-1893

Type or Print Clearly

Soroptimist International of _____ District _____

Contact Person _____ E-mail: _____ Phone # (____) _____

NAME—PLEASE PRINT as it is to appear on your Conference Badge * Place X/S/GF/V in applicable Columns	Using Prepaid room *	President (P)	Delegate (include President in count)	Non-Delegate Fees *See Instructions				Special Need *	First Time Attendee *	Fri. Lunch \$38	Fri. Dinner \$53	Sat. Breakfast \$28	Sat. Lunch \$36	Sat. Dinner \$48	Sun. Brunch \$41	Total Per Person
				\$50 All 3-Days	\$20 Per Day	\$10 One Meal	\$10 One Workshop									
EXAMPLE: <u>Lovely Lady Leader</u>	X	P	X						X	X	X	GF	X	X	\$244.00	
EXAMPLE: <u>Triple Booked Lady</u>						X		X		V					\$ 63.00	
EXAMPLE: <u>Special Needs Member</u>					X		X		S	S	S	S	S		\$243.00	

SPECIAL NEEDS Please use this section to describe any special needs or accommodations required during the Conference. We will make every effort to see that special needs are met (hotel permitting). *Described as follows: EX: Special Diet Member states no tree nuts please.*

\$20.00 LATE FEE PER PERSON _____ x \$20 =	
TOTAL ENCLOSED	



Copy This Form For Additional Registrations. Thank You! See you at our Conference.