

## REGISTRATION FORM

SI of \_\_\_\_\_  
 Club President \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

DISTRICT \_\_\_\_\_ CLUB NUMBER \_\_\_\_\_  
 Club Treasurer \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

**POSTMARK DEADLINE: MARCH 31, 2017** (Note: Late fees of \$50.00 per club and \$20.00 per member will be assessed if submitted past the deadline.)

Attendee Names:	<b>Members</b> Registration Fee \$35 (no charge for guests & Region/District Officers)	<u>Full Meal Package</u> <b>\$135.00</b> pp	Please note special dietary needs on form						Sat. Breakfast	Laurel Society Member (X)	1st Time Attendee (X)
			<u>Friday Dinner</u>		<u>Sat Breakfast</u>	<u>Saturday Lunch</u>	<u>Saturday Dinner</u>				
			Pan Roasted Organic Chicken Breast	Pan Seared Pork Tornado	Breakfast Buffet	Grilled Chicken Caesar Salad	Pesto Crusted Salmon	Chicken Scallopine			
<b>Delegates (list names):</b>			Please place an "X" for meal selection								
President or President-Alternate:	N/A										
Delegate or Delegate Alternate:	N/A										
Delegate or Delegate Alternate:	N/A										
			If your club has Region/District officers, please indicate their name, title and mark N/A for Registration Fee + Meals								
<b>Other Attendees: Note District or Region Officers (O); member (M); guest (G)</b>											
<b>TOTALS:</b>											

**One check per club please!** Make checks payable to "SIA-NAR" and send to: Rose Miller PO Box 175 Parker Ford, PA 19457-0175