

North Atlantic Region
Soroptimist International of the Americas, Inc.

District 3 & 4 Registration Form – 2017 Fall District Meeting

Reservations are to be paid in advance, one form per club. Every attendee **MUST** register, including guests and District and Region officers. All officers (District & Region) should register with their home club, unless attending a meeting outside of their District. Anyone attending a meeting outside of their own District must fill out a registration form for the district they are attending.

Return this form with a **check payable to “SIA/NAR”** and mail to:

Pam Stetler /Budget Chair
c/o Stetler Insurance
1217 Bloom St
Danville, PA 17821

Phone (570) 275-5764

Email erieins@verizon.net

NOTE: Registrations **must** be received **by OCT 10, 2017**. Late registration will be charged a late fee. Hotel block Reservations should be made by OCT 3, 2017

Club: _____ President _____ E-Mail _____

Please list below the names of those registering, indicating status:

President/President Alternate (P/PA; Delegate (D); Region/District Officer (O); Member (M); Guest (G); Host (H)

Name (as you would like it to appear on your badge)	1 st Time Attendee (X)	Status	Registration Fee	Meal Function	TOTAL
		P/PA	N/A	\$30.00	\$
		D	N/A	\$30/00	\$
		D	N/A	\$30.00	\$
		O	N/A	N/A	\$
		O	N/A	N/A	\$
		M	\$20.00	\$30.00	\$
		M	\$20.00	\$30.00	\$
		M	\$20.00	\$30.00	\$
		M	\$20.00	\$30.00	\$
		M	\$20.00	\$30.00	\$
		M	\$20.00	\$30.00	\$
			\$20.00	\$30.00	\$
			\$20.00	\$30.00	\$

** Vegetarian Meal available on request Please indicate next to name VEG

Meal Function Cost: \$ _____ Total # Registered _____
 Non-Delegate Registration Fee \$ _____ Amount Enclosed \$ _____

Total Club Membership as of September 1, 2017 _____
 Accurate One-way mileage between Club's meeting place and District Meeting site _____