



**Registration Form**  
**Conference 2002 Sturbridge, MA.**  
**October 18 – 20, 2002**



**Sturbridge Host Hotel and Conference Center**

**Registrant:**

\_\_\_\_\_

NAME (Please Print) ROTARY CLUB

**Mailing Address:**

\_\_\_\_\_

STREET CITY STATE ZIP

**Telephone:**

\_\_\_\_\_

HOME WORK FAX

**E-Mail:**

\_\_\_\_\_

**Conference Fee: \$70.00 / \$50.00 paid prior to January 1, 2002.**

**Credit Card Information:**

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fax this form with credit card information to fax number (315) 792-5682; or mail with check to:

Don Reese, Executive Director  
 CCED / Mohawk Valley Community College  
 1101 Sherman Dr.  
 Utica, NY 13501

If paying by check, please make check payable to: RI District 7150 Conference 2002

**THANK YOU!!!**