Rotary District 7150 Conference

September 23-25, 2005

Lake Placid, NY.

Conference Registration Form

Registrant's Name:_____ Nick (Call) Name _____

Registrant's Address:_____

City: _____State: _____Zip: _____

H-Phone: (____)_____ B-Phone: (____)_____ FAX: (____)_____

Email address: _____

Reg's Status: ❑-Rotarian ❑-Non-Rot Guest ❑-YE Student ❑-GSE ❑-RI Scholar

RF Status: ❑-PHF ❑-Major Donor ❑-Benefactor ❑-Sustaining Member

Club:_____ District: _____

Club office as of Sept., 2005: ❑-Pres. ❑-Past-Pres. ❑-Pres-Elect. ❑-VP.
❑-Sec ❑-Treas. ❑-TRF-Chair ❑-YE-Officer

District Office as of Sept. 2005: ❑-PDG ❑-DG ❑-DGN ❑-DGE ❑-DGND
❑-AG ❑-Sec. ❑-Treas. . ❑-_____

First District Conference?: ❑-Yes ❑-No

Spouse/Partner: _____ Nick (Call) Name _____

RF Status: ❑-PHF ❑-Major Donor ❑-Benefactor ❑-Sustaining Member

First District Conference?: ❑-Yes ❑-No

Rotarian: ❑-Yes ❑-No If Yes: Club:_____ District: _____

Club office as of Sept. 2005: ❑-Pres. ❑-Past-Pres. ❑-Pres-Elect. ❑-VP.
❑-Sec ❑-Treas. ❑-TRF-Chair ❑-YE-Officer

Children Attending: (Name/Age): _____.

Registration Fee: **$60.00 per registration until January 1, 2005, or $85.00 after that date**

One registration fee per Rotarian or per married Rotary couple

Make Check Payable to: Rotary District 7150 Conference 2005

Mail to: Mary Ellen Kime, 2005 Conference Registration
101 Stroud Street, Canastota, NY 13032

Phone: (315) 697-2790 *Email:* mkime@twcny.rr.com

Method of Payment: ❑-Check ❑-VISA ❑-MasterCard ❑-Discover ❑-Amex *(Do not send cash)*

Credit Card # :_____ Exp. Date: ____ / ____

Name on card: _____Signature: _____

Make checks payable to: Rotary District 7150 Conference

Note: Credit cards will be debited for conference registration fee upon receipt

---

NOTE: *See Hotel Registration & Meal Selection form on back of this form.* *Rev 050426*