



# PRESIDENTS-ELECT TRAINING SEMINAR (PETS)

MARCH 19-20, 2004

WYNDHAM SYRACUSE HOTEL, EAST SYRACUSE, NY

## REGISTRATION FORM

The purpose of the Presidents-Elect training Seminar (PETS) is to train Rotary Club Presidents and Assistant Governors to be effective, informed, and inspired leaders during their year in office. In addition, you will have the opportunity to become better acquainted with your District Governor and learn more about the Rotary Programs for 2004-05. The Multi-District seminar is a joint project among Rotary Districts 7120, 7150, 7170 and 7190. Rotary leaders from Rochester to Albany and Syracuse to Binghamton will share fellowship with President-Elect from your District and other Districts. At the PETS, you will gain knowledge and enthusiasm that will prepare you and make your year more enjoyable and successful.

Club Name: \_\_\_\_\_ # of Members: \_\_\_\_\_ Rotary District #: 7150

Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Partner: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Office of Registrant:  President-Elect  District Gov-Elect  District Trainer  
 Assistant Governor  District Gov-Nom  Past District Governor  
 District Governor  DGND  Other \_\_\_\_\_

Friday Evening Meal:  Meat  Fish Special Meal Requirements: \_\_\_\_\_

Registration Fee: Registration Fees: [Prepaid by Each Club] \$ 00.00  
Meals @ \$100 \* per attendee (\_\_\_ x \$100 \*) \$ \_\_\_\_\_  
Partners' program @ \$20 \$ \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_

\* Meals charge will be \$125 after March 3rd.

Method of Payment  Check or Money Order Enclosed (Payable to: Rotary District 7150)

Credit Card Type:  VISA  Master Charge  American Express

Card #: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### PLEASE RETURN THIS REGISTRATION FORM TO:

By Mail: Multi-District P.E.T.S.  
Rev. James F. Austin  
8 Austin Rd., Tully, NY 13159

email: jaustin2@twcny.rr.com  
subject: PETS Registration

**DEADLINE FOR PETS REGISTRATION IS WEDNESDAY, March 3, 2004**

### HOTEL RESERVATIONS

Use the enclosed separate form to make you Hotel Reservations directly with the Wyndham Syracuse Hotel, 6301 Route 298, East Syracuse NY 13057. DEADLINE for Hotel Reservation is March 1, 2004



# WYNDHAM SYRACUSE

(NOT AFFILIATED WITH THE WYNDHAM HOTEL IN MANHATTAN)

Thank you for requesting reservations at the Wyndham Syracuse Hotel. Our entire staff would like to extend a warm welcome to you during your upcoming meeting.

Your reservation will be confirmed upon receipt of one night's deposit. Your deposit must be received within 30 days from the date your reservation is made. Advance deposit is refundable if you cancel at least three business days before your scheduled arrival date.

You may send a check for your deposit, or charge your deposit to a credit card. Please complete the credit card information on this form to authorize charging your deposit.

If the room will be shared by more than one person, please include the names of the additional occupants. Check out time is 12 noon and rooms may not be available for check in until 3:00pm

## ROTARY PETS CONFERENCE HOTEL REGISTRATION

**FRIDAY, MARCH 19, 2004 - SATURDAY, MARCH 20, 2004**

**RESERVATION CUT OFF DATE - MONDAY, MARCH 1, 2004.**

(PLEASE PRINT OR TYPE)

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**SHARING ROOM WITH:** \_\_\_\_\_

**ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

### Room Rates:

**\$82 Single Occupancy + 12% tax.**

**\$85 Double occupancy + 12% tax.**

### Please Check Preferred Accommodations

\_\_\_\_\_ King Size Bed    \_\_\_\_\_ (2) Double Beds    \_\_\_\_\_ Smoking    \_\_\_\_\_ Non-Smoking

The Wyndham Syracuse will attempt to accommodate your request; however, at times, this may not be possible. We will provide the best available room.

#### Make Check or Money Order Payable To

Wyndham Syracuse  
6301 Route 298  
East Syracuse, NY 13057

**Do Not Send Currency**

#### Credit Card Deposit

I hereby authorize the Wyndham Syracuse to charge my credit card for one night's deposit.

**Credit Card #:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_