REGISTRATION FORM

Name_____Department_____

Address_____Detachment/#_____

City/State/Zip _____   Office_____

eMail Address_____   Phone: _____

Auxiliary Member Name_____   Unit/Dept_____/_____

Address (If different from above)_____City/State/Zip_____

Current Office Held_____   eMail

Guest _____   _____   _____

MCL Member(s) attending _____ @   each   **TOTAL** _____

Auxiliary Member(s) attending _____ @   each **Guest(s)**   @   **TOTAL** _____

HOSPITALITY ROOM

Number attending _____ @   each   **TOTAL** _____

(Attending Includes Guests)

BANQUET

____ @   =   #_____ @   =   **TOTAL** _____

GRAND TOTAL _____   **CHECK #** _____   DATE RECEIVED _____

DONATION, THANK YOU

HOTEL / SPECIAL ACTIVITES INFORMATION

SCHEDULE OF EVENTS

(Note, All Rooms to be Determined)