

OUT-OF-STATE PRE-REGISTRATION FORM

Everyone must register to be admitted to any session

PLEASE COMPLETE ONE FORM PER PERSON. PLEASE PRINT YOUR INFORMATION

Several forms may be sent in one envelope with one check paying for all registrations

Name:							
Do you have special medical needs? (Check One)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>Carry a complete list of medications and any special medical needs in your Name Badge Holder</i>		
CURRENT TITLE:							
(TITLE AS IT WILL APPEAR ON YOUR REGISTRATION BADGE)							
ADDRESS:							
CITY:					STATE:		ZIP:
PHONE w/area code:			Email:				
GRAND JURISDICTION:							
PRIMARY CHAPTER NAME & NUMBER:							
CITY:							
DUAL CHAPTER NAME & NUMBER:							
CITY:							
TRANSPORTATION TO/FROM COLUMBIA REGIONAL AIRPORT:							
ARRIVAL DATE/TIME:					FLIGHT NO.:		
AIRLINE:							
DEPARTURE DATE/TIME:					FLIGHT NO.:		
CONTACT PHONE NO.:							

PRE-REGISTRATION FEE IS \$15.00 PER MEMBER ATTENDING (NON-REFUNDABLE)

******IMPORTANT: PRE-REGISTRATION DEADLINE IS SEPTEMBER 9, 2017******

Mail Pre-Registration form and check in US Dollars
made payable to GRAND CHAPTER OF MISSOURI, OES to:

Teresa Winemiller, Co-Chairman
 1500 Timberlane Ct
 Rolla, MO 65401
 573-308-6232 or winemillert@yahoo.com

All members must present a current dues card when registering at Grand Chapter
Your Registration Packet can be picked up beginning Sunday, October 8, 2017 at the Grand Chapter Registration Desk

FOR REGISTRATION COMMITTEE USE ONLY: Date Received: _____ Check # _____
 Amount of Check: \$ _____ Check also for: _____
 Deposit Date: _____