

REGISTRATION FORM

Name			Department_			
Address	Detachment/#					
City/State/Zip			Office	e		
eMail Address				Phone:		
Auxiliary Member Name			Unit/De	pt		/
Address (If different from above)			e/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		
					LE	THERNECK PONSOR Sempes Control



HOTEL / SPECIAL ACTIVITES INFORMATION



SCHEDULE OF EVENTS

(Note, All Rooms to be Determined)