

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)