



## REGISTRATION FORM

Name \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ Detachment/# \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Office \_\_\_\_\_

eMail Address \_\_\_\_\_

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 **TOTAL** \_\_\_\_\_

### HOSPITALITY ROOM

Number attending \_\_\_\_\_ @ \_\_\_\_\_ each **TOTAL** \_\_\_\_\_

*(Attending Includes Guests)*

### BANQUET

# \_\_\_\_\_ @ \_\_\_\_\_ = # \_\_\_\_\_ @ \_\_\_\_\_ = **TOTAL** \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_



## HOTEL / SPECIAL ACTIVITES INFORMATION



## SCHEDULE OF EVENTS

(Note, All Rooms to be Determined)