

**CONVENTION REGISTRATION FORM**  
**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**  
**ETA STATE CONVENTION**

April 27 – April 29, 2012  
 Embassy Suites Hotel  
 201 Harrison Oaks Blvd. Cary, NC 27513

**Hotel Reservations** call 919-677-1840. Mention “Delta Kappa Gamma” for group rates. Standard Rooms are \$109.00 + tax for double or king room. (Includes complimentary breakfast) This rate will be in effect until March 28, 2012 – after that rates or availability cannot be guaranteed.

**Convention Registration**- Mail completed registration form and checks to:

**Mrs. Melinda Fox, Convention Registrar – 4826 Ludwell Branch Ct., Raleigh, NC 27612**

Make your check payable to: **Eta State Convention. NO REFUNDS from ETA State after April 6, 2012.**

Everyone must register, including those who are assisting during the convention.

**Use one form for each person.**

**Please type or print:**

Title (Circle one): Dr., Miss, Mrs., Ms. \_\_\_\_\_  
Last Name First Name Middle Initial

Preference for Name Tag: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Region: \_\_\_\_\_ Year Initiated \_\_\_\_\_

**Please indicate all that apply.** If state officer or committee member, please include position.

State Officer: \_\_\_\_\_ State Committee: \_\_\_\_\_

Other Position: \_\_\_\_\_ Regional Director: \_\_\_\_\_ Past President \_\_\_\_\_

State Honorary Member: \_\_\_\_\_ Guest: \_\_\_\_\_ NBCT: \_\_\_\_\_ Teacher of the Year: \_\_\_\_\_ Chapter President: \_\_\_\_\_

Retired: \_\_\_\_\_ First Convention: \_\_\_\_\_ 40 year + Member: \_\_\_\_\_ Active in Education: \_\_\_\_\_

**I wish to participate in the Convention Chorus:** \_\_\_\_\_

**Name**

| <b>Registration Fee:</b>                  | <b>Amount</b>    |
|---|------------------|
| Postmarked by April 6, 2012               | \$25.00 \$ _____ |
| Postmarked by April 6, 2012 (one day)     | \$15.00 \$ _____ |
| Postmarked after April 6, 2012 or on site | \$35.00 \$ _____ |

**Saturday, April 28**

**Banquet Honoring Chapter Presidents (Select One)**

|                              |         |          |
|------------------------------|---------|----------|
| A. Chicken Marsala           | \$41.00 | \$ _____ |
| B. Roasted sliced strip loin | \$45.00 | \$ _____ |
| C. Vegetarian                | \$41.00 | \$ _____ |

**Sunday, April 29**

|                          |         |          |
|--------------------------|---------|----------|
| Sunday Brunch (at hotel) | \$22.00 | \$ _____ |
|--------------------------|---------|----------|

(Brunch follows Ceremony of Remembrance; North Cary Baptist Church

505 Reedy Creek Rd, Cary, NC)

(All meals include gratuity and tax) TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**Questions about registration:** Contact Mrs. Melinda Fox, Convention Registrar 919-412-5237 or [melindafox22@gmail.com](mailto:melindafox22@gmail.com)

**Questions about payments:** Contact Julie Cazin, Convention Treasurer 919-846-6501 or [jcazin@aol.com](mailto:jcazin@aol.com)

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