Reg. #_____

CELEBRATE THE VISION ~ ADVANCE THE FUTURE

Delta Kappa Gamma Society International
Alpha Rho State Convention

April 15-17, 2011
Holiday Inn Express, Astoria, Oregon

Please PRINT clearly for name to appear on badge.

Dr., Mrs., Miss, Ms._____
Last Name First M.I.

Address_____City_____State_____Zip_____

Phone_____-_____-_____E-mailAddress_____Chapter_____

PLEASE CHECK ALL THAT APPLY:

___Current Ch. President ___State Executive Officer (position) _____ ___50+Year Member
___Proxy for Ch. President ___State Committee Chairman (position) _____ ___25 Year Member
___Past State President ___Convention First Timer ___New Member since April 1, 2010

___Plan to sing with **Alpha Rhosies** ___ 1st sop.__ 2nd sop. __ alto

MEDIA PERMISSION: Please check all that apply: I give permission for the use of the following in Delta Kappa Gamma, Alpha Rho State Publications and Website: __name__address__mailing address__electronic address__phone numbers__photograph

REGISTRATION

Registration Fee: Required of all Members	**Cost**	**Amount**
Early Bird – Postmarked on or before **March 21, 2011**	$50.00	$_____
Postmarked after **March 21, 2011**	$59.00	$_____

*Spouses and guests are welcome at all functions.
*Please indicate if you need special accommodations due to mobility, oxygen tank use, hearing, vision, or other such health concerns._____
*Please indicate if you are interested in obtaining **Professional Development Units (PDU's)** for state licensure for eligible workshops. ___YES___NO
Please refer to workshop summaries.

MEALS

	Cost	x **Quantity**	**Total**
Birthday Scholarship Luncheon Soup~Sandwich~Salad Bar Buffet	$19.00	_____	$_____
Rose Banquet Prime Rib~Salmon Buffet	$37.00	_____	$_____

Please indicate any special dietary needs: _____

TOURS: See tour descriptions for times and details:		**Cost**	**x Quantity**	**Total**
Historic Tour of Astoria, Fort Clatsop, & Maritime Museum	____Fri.	$55.00	_____	$_____
Astoria Walking Tour	____Fri. ____Sun.	$25.00	_____	$_____
Eco-Tour on Columbia River	____Fri._____Sun.	$95.00	_____	$_____

Checks made payable to Alpha Rho State Convention 2011 **TOTAL AMOUNT ENCLOSED** $_____

Mail Registration form and check to:
Pam Makela, Tau Chapter
P.O. Box 617
Clatskanie, OR 97016
H. 503-728-2776

For Reg. Committee Only: Check #_____ Date of Check_____
Date Check Received_____

Cancellation Policy:
A person having to cancel will receive a refund, provided her written request is received **ten days** prior to the event: **April 5, 2011**. Requests for cancellations must be sent in writing to the registrar, and likewise, if applicable, the tour chairman. You must personally cancel your hotel accommodations. If necessary to cancel after April 5, 2011, please attempt to get someone from your chapter to take your place. No refunds will be made after the cancellation date. Should a tour be canceled prior to the convention, you will be notified and will receive a refund.

PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR OWN RECORDS