

FALL LEADERSHIP CONFERENCE / TRUSTEE MEETING REGISTRATION FORM

Meeting Schedule will be posted on the website

September 25 - 27



PLEASE COMPLETE AND RETURN THIS FORM BY SEPTEMBER 8, 2008, WITH CHECK PAYABLE TO "NSSAR" TO:

Executive Director,
NSSAR Headquarters,
1000 South Fourth Street,
Louisville, KY 40203

DEADLINE FOR REGISTRATION IS: September 8, 2008

NOTE: THERE IS A \$15.00 LATE REGISTRATION FEE

To: National Society SAR, 1000 South 4th St, Louisville KY 40203

Enclosed is my check for \$ _____ payable to NSSAR for these events:

Name	National Number	State Society	National Title
Address		Zip Code	
Phone Number			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>			
Events You Will Attend (Please check box)			
Name of Guest (Please provide this name for their name tag)			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>			
Events Guest Will Attend (Please check box)			
Name of 2nd Guest (Please provide this name for their name tag)			
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>			
Events 2nd Guest Will Attend (Please check box)			
Special Diet			

EVENTS	
Registration Fee (Members Only)	\$25.00
1. Friday Breakfast	\$ 8.00
2. Friday Banquet	\$44.00
3. SAR 1000/GWF Breakfast	\$20.00
<small>(includes tax and gratuities)</small>	
4. Saturday Lunch	\$18.00
5. Sat. Ladies Luncheon	\$35.00
6. Saturday Banquet	\$47.00

Total Amount Enclosed	

The numbers for the events you have selected will appear on your name badge.

First Time Attendee Yes / No
Circle one

I wish to pick up my meeting packet at:

The Brown Hotel _____

Holiday Inn _____

SAR Headquarters _____

GUESTS NAMES MUST BE SUBMITTED WITH THIS REGISTRATION FORM