LEADERSHIP CONFERENCE / TRUSTEE MEETING
REGISTRATION FORM

Meeting Schedule will be posted on the website

September 24 - 26, 2009

PLEASE COMPLETE AND RETURN THIS FORM BY SEPTEMBER 11, 2009, WITH CHECK PAYABLE TO "NSSAR" TO:

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

DEADLINE FOR REGISTRATION IS: September 11, 2009

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 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Events You Will Attend (Please check box)

Name of Spouse/Guest (Please provide this name for their name tag)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Events Guest Will Attend (Please check box)

Name of 2nd Guest (Please provide this name for their name tag)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Events 2nd Guest Will Attend (Please check box)

Special Diet

EVENTS

Registration Fee (Members Only)	**$25.00**
1. Sat. Complimentary Breakfast (The Brown Hotel guests only)	
2. Friday Banquet	**$46.00**
3. SAR 1000/GWF Breakfast (includes tax and gratuities)	**$20.00**
4. Saturday Lunch	**$18.00**
5. Sat. Ladies Luncheon	**$29.00**
6. Saturday Banquet	**$54.00**

_____
Total Amount Enclosed

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

First Time Attendee (circle one)
Yes / No

I wish to pick up my meeting packet at:

The Brown Hotel (at Front Desk): _____

SAR Headquarters (No later than Thursday afternoon): _____

GUESTS NAMES MUST BE SUBMITTED WITH THIS REGISTRATION FORM