



CONFERENCE REGISTRATION FORM
 ALTRUSA INTERNATIONAL, INC.
 DISTRICT SIX 54TH ANNUAL CONFERENCE
 APRIL 16 – 18TH, 2010
 AMERICA'S BEST VALUE INN

CLUB NAME: _____

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

 Name preferred on nametag e-mail address (for reservation confirmation)

 Daytime phone Evening phone FAX Number

 Special diet? Please describe (Request for Special diets must be submitted by March 16, 2010).

 Disability? Please describe

Check all that apply for the year 2010 – 2011

- | CLUB | DISTRICT | INTERNATIONAL |
|--|--|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Officer | <input type="checkbox"/> Past Intl President |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Past Governor | <input type="checkbox"/> Intl. Officer |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> District Chairman | <input type="checkbox"/> Intl. Representative |
| <input type="checkbox"/> President Elect | <input type="checkbox"/> Governor | <input type="checkbox"/> Intl. Committee Chair |
| <input type="checkbox"/> Board Member | | |
| <input type="checkbox"/> Guest | | |

 Please indicate if you will be a delegate, alternate, if this is your first conference or if you are bringing a guest:

___ Delegate ___ Alternate ___ First timer ___ Bringing guest(s) _____#

Full Conference Registration (includes meals):
_____ Friday, Saturday and Sunday \$155.00 \$_____

Partial Registration (includes meals):
_____ Saturday and Sunday only \$130.00 \$_____

Friday City Tour:
_____ City & House Tour
_____ Box Lunch \$10.00 X _____ Number \$_____

Friday Evening Dinner:
_____ Non registered guests \$25.00 X _____ Number of guest(s) \$_____

Saturday Breakfast:
_____ Non registered guests \$15.00 X _____ Number of guest(s) \$_____

Saturday Awards Luncheon
_____ Non registered guests \$20.00 X _____ Number of guest(s) \$_____

Saturday Evening Riverboat Cruise & Dinner
_____ Non registered guests \$60.00 X _____ Number of guest(s) \$_____

Sunday Brunch:
_____ Non registered guests \$20.00 X _____ Number of guest(s) \$_____

Make all checks payable to: Altrusa International of Quincy Total \$_____

Mail registration form to: Kay Warren, Thrivent Financial Serv, 3837 East Lake Centre Dr.
Suite 200, Quincy, IL 62305 Phone: 217-224-2928 e-mail jfritz22@hotmail.com
E-MAIL: altrusaquincy@hotmail.com

To cancel a registration and receive a refund, less \$25 (non-refundable fee), a written request must be received by the Registration Chairperson on or postmarked by March 30, 2010. All refunds will be processed within 60 days of the close of the Conference.

**** WORKSHOP REGISTRATION:**

SPACE IS LIMITED TO THE FIRST 30 REGISTRATIONS RECEIVED FOR EACH.

_____ 2:30 p.m. Friday – Sweet Treat Decorating

_____ 3:15 p.m. Saturday – Jewelry Making Beads in Bloom

****PLEASE INDICATE YES OR NO TO THE ABOVE WORKSHOPS SO PRESENTERS CAN PLAN TO HAVE ENOUGH MATERIALS.**