# Soroptimist International of <br> CLUB NAME 

District
Club Email: $\qquad$

## Contact Person:

$\qquad$ Contact Phone: $\qquad$

## Name (TYPE OR PRINT CLEARLY)

Enter name as it is to appear on name badge.
Check one or more boxes if the person is a
Member, Guest, First Time Attendee, Laurel Society
Member and/or Fellow.
Please note that guests do not pay a registration fee.

If received after April 10th deadline - add \$50 late fee
Comped meals/reg is by invitation only. If comped, only check left side of column to avoid a charge.


## MAKE ONE CLUB CHECK PAYABLE TO Founder Region Conference 2024

CHECK \#: $\qquad$ TOTAL AMOUNT SUBMITTED \$ $\qquad$

Mail Registration and Meal Form and Check to: Conference Treasurer: Cara Begley 2401 Silverado Drive, Antioch, CA 94509
Questions? Contact Cara by email at jakesnana@rocketmail.com or by phone at (925) 550-4924.
**For Credentials, I hereby certify that the above named delegates are members in good standing of this club.
Reset Form
Signature of President or Secretary: $\qquad$ Date: $\qquad$
REFUND POLICY: Registration and meal reservations must be received by 4/10/2024. In the event that a registrant is not able to attend the conference, any requests for refunds must be made in writing to Dona Gaddis Wolf, Conference Coordinator, via email to gaddiswolf@comcast.net. For written email requests received after 4/10/2024, only meal fees will be considered (but are not guaranteed) by the Founder Region Governor after closing the conference books.
Indicate any food allergy and to whom it applies: $\qquad$

