

**2017 CONVENTION REGISTRATION FORM (MAKE COPIES AS NEEDED)
 FILL IN THE YELLOW BOXES, AND PLACE A CHECK OR X IN ALL APPROPRIATE BOXES**

NAME		ADDRESS			
Council #		PHONE #		E-MAIL	
<input checked="" type="checkbox"/> CHECK OR <input checked="" type="checkbox"/> ALL APPROPRIATE BOXES			<input checked="" type="checkbox"/> CHECK OR <input checked="" type="checkbox"/> PACKAGE CHOICE		
<input type="checkbox"/>	1st DELEGATE TO CONVENTION	<input type="checkbox"/>	\$75 DELEGATE/ALTERNATE		
<input type="checkbox"/>	2ND DELEGATE TO CONVENTION	<input type="checkbox"/>	\$20 NON DELEGATE FRI DINNER		
<input type="checkbox"/>	1st ALTERNATE TO CONVENTION	<input type="checkbox"/>	\$40 NON DELEGATE SAT DINNER		
<input type="checkbox"/>	2ND ALTERNATE TO CONVENTION	<input type="checkbox"/>	\$75 NON DELEGATE BOTH DINNERS &		
<input type="checkbox"/>	STATE OFFICER/DISTRICT DEPUTY	SATURDAY NIGHT ENTREE CHOICE			
<input type="checkbox"/>	STATE CHAIRMAN	<input type="checkbox"/>	Bite Size Steak		
<input type="checkbox"/>	VISITING DIGNITARY	<input type="checkbox"/>	Smoked Salmon Filet		
<input type="checkbox"/>	NON DELEGATE (3 RD DEGREE MEMBER)	<input type="checkbox"/>	Risotto		
<input type="checkbox"/>	K of C INSURANCE AGENT	TOTAL AMOUNT ENCLOSED DELEGATE		<input style="width: 50px;" type="text"/>	

WIFE		ADDRESS			
Council #		PHONE #		E-MAIL	
<input checked="" type="checkbox"/> CHECK OR <input checked="" type="checkbox"/> PACKAGE CHOICE					
<input type="checkbox"/>	\$20 LADIES PROGRAM (ONLY)				
<input type="checkbox"/>	\$75 LADIES PACKAGE (LADIES PROGRAM + BOTH DINNERS)				
<input type="checkbox"/>	\$20 LADIES FRI DINNER	SATURDAY NIGHT ENTREE CHOICE			
<input type="checkbox"/>	\$40 LADIES SAT DINNER	<input type="checkbox"/>	Bite Size Steak		
		<input type="checkbox"/>	Smoked Salmon Filet		
		<input type="checkbox"/>	Risotto		
TOTAL AMOUNT ENCLOSED FOR WIFE				\$	<input style="width: 50px;" type="text"/>