

NATIONAL ASSOCIATION OF UNIVERSITY WOMEN

South Central Section

Mrs. Betty W. Wilkerson, Sectional Director

___ I am Diabetic and prefer sugar free dessert.

REGISTRATION FORM
SOUTH CENTRAL ANNUAL PLANNING/TRAINING SESSION

Saturday, October 4, 2014

(Please Type or Print Clearly)

Name: Mrs./ Ms. /Dr.) _____ Branch: _____
Last First

Street Address: _____ Phone: _____ Cell _____

City: _____ State: _____ Zip Code: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone: _____ Name: _____ Phone: _____

EMAIL REQUIRED: _____

(CHECK ALL THAT APPLIES)

Branch Officer: ___ Branch Member: ___ First-Time Attendee: _____

Sectional Officer: ___ Position: _____ National Officer: ___ Position: _____

No Fee for Prospect's Name: _____ Representing Branch: _____

REGISTRATION FEE

\$40.00

(Postmarked by Wednesday, September 17, 2014)

With this registration form, please send a Money Order, Certified Check, or Cashier Check for the registration fee. NO PERSONAL CHECKS WILL BE ACCEPTED. REGISTRATION FEE IS NON-REFUNDABLE. NO ONSITE REGISTRATION! A late fee of \$5.00 will be assessed on site or post marked after September 17, 2014.

Make Money Order, Certified Check, or Cashier's Check payable to South Central Section/NAUW.

Mail to: Yolanda Foster
16510 Quail Run Drive
Missouri City, TX 77489
(281) 835-0374

Any Questions Contact/Email: yfoster1957@sbcglobal.net

This meeting will be held at the COUNTRY INN & SUITES, 2727 Monroe Highway, Pineville, LA 71360. You are to reserve your room directly with the hotel at 318-641-8332. Thirty (30) rooms have been reserved. UNTIL THURSDAY, SEPTEMBER 12, 2014

DBL/DBL: (2 People, 2 Beds) \$109.00 QUAD: (4 People, 2 Beds) \$129.00
TRIPLE: (3 People, 2 Beds) \$119.00 SUITE: (1 or 2 People) \$129.00

-----*DO NOT WRITE BELOW THIS LINE* ----- OFFICE USE ONLY-----

Postmark Date: _____ Amount: \$ _____ Check/Money Order # _____

Branch _____ Prospect's Name _____

Signature _____

Financial Secretary