

REGISTRATION FORM - PENNSYLVANIA KIWANIS MIDWINTER CONFERENCE

MARCH 3, 2012 – PENN STATER HOTEL, STATE COLLEGE, PA

(Please see registration instructions below.)

KIWANIAN NAME(s): _____

CLUB: _____ DIVISION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME OR CELL PHONE: _____ E-MAIL ADDRESS: _____

CONFERENCE REGISTRATION & FEES

(PAYMENTS MUST BE ENCLOSED WITH THIS REGISTRATION FORM)

Kiwanis Registration Fee _____ @ \$ 65.00 _____
(Includes registration fee, lunch, snacks, breaks and all materials)

Sponsored Group Registration _____ @ \$ 32.50 _____
(Available to only Circle-K, Key Club, Aktion, Builders & K-Kids Members)

TOTAL ENCLOSED: _____

YOU MAY PAY BY CHECK , VISA CARD, MASTERCARD, AMERICAN EXPRESS OR DISCOVER. MAKE CHECKS PAYABLE TO *PENNSYLVANIA KIWANIS*. IF PAYING BY CREDIT CARD, COMPLETE CREDIT CARD INFORMATION ON THE REVERSE SIDE OF THIS FORM.

COMPLETE & RETURN BY NOT LATER THAN **FEBRUARY 16, 2012** TO:

Kiwanis District Office (Phone: 717-540-9300)
2793 Old Post Road; Suite 12
Harrisburg PA 17110-3683 (FAX: 717-540-1018)
E-mail: robin@pakiwanis.org

REGISTRATION INFORMATION AND INSTRUCTIONS

1. THIS IS NOT A HOTEL ROOM RESERVATION FORM. HOTEL ROOMS ARE AVAILABLE AT THE PENN STATER HOTEL AT THE RATE OF \$119.00 PER NIGHT PLUS TAX. RESERVATIONS MAY BE MADE BY CALLING **1-800-233-7505** AND USING THE CODE: **KIWC12A**. HOTEL ROOMS WILL BE HELD UNTIL FEBRUARY 1, 2012. AFTER THAT TIME, THEY WILL BE AVAILABLE ONLY ON A SPACE AVAILABLE BASIS AND RATES MAY INCREASE. YOU MAY, ALSO, REGISTER ON LINE AT www.pakiwanis.org.
2. ALL CANCELLATIONS MUST BE IN WRITING AND RECEIVED **BY FEBRUARY 29, 2012.**
3. TO BE ADMITTED TO ANY SESSION AND WORKSHOPS, YOU MUST BE REGISTERED.
4. ONLY CIRCLE-K, KEY CLUB, BUILDERS CLUB, K-KIDS OR AKTION CLUB MEMBERS MAY SIGN UP FOR THE SPONSORED GROUPS REGISTRATION.
5. PLEASE COMPLETE FULLY ALL APPLICABLE SECTIONS OF THE REGISTRATION FORM.

(CREDIT CARD INFORMATION IS ON THE REVERSE SIDE.)

CREDIT CARD INFORMATION

(Note: Payment cannot be split between credit card & check. Payment must be in U.S. Funds.)

CHECK ONE (But only one): _____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

CARD NUMBER:

EXPIRATION DATE (MONTH/YEAR): - **Card ID.#:**

IS THE BILLING ADDRESS FOR THIS CARD DIFFERENT FROM THE ADDRESS ON THIS REGISTRATION FORM? YES (IF YES, PROVIDE COMPLETE CARD BILLING ADDRESS BELOW SIGNATURE LINE)

NO

CARDHOLDER NAME: _____

SIGNATURE: _____