

REGISTRATION FORM

3 Easy Ways to Register: Fax, Online or By Mail

Name: _____

Region: Central Northeast Southeast Southwest Western

Chapter: _____

Organization: _____

Office/Title (if applicable): _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____ Email: _____

PACKAGE TYPE	EARLY	REGULAR	LATE	COST
	(12/15/11-2/15/12)	(2/16/12-4/30/12)	(5/1/12-6/15/12)	
Graduate	\$450 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$525 <input type="checkbox"/>	\$
W-Graduate (Fri., Sat., Sun. Only)	\$400 <input type="checkbox"/>	\$425 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$
Undergraduate	\$375 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$
W-Undergraduate (Fri., Sat., Sun. Only)	\$325 <input type="checkbox"/>	\$350 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$
Rhoers	\$225 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$
Philos	\$450 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$525 <input type="checkbox"/>	\$
W-Philos (Fri., Sat., Sun. Only)	\$400 <input type="checkbox"/>	\$425 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$
Reactivation – Full	\$800 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$800 <input type="checkbox"/>	\$
Reactivation – Condensed	\$585 <input type="checkbox"/>	\$585 <input type="checkbox"/>	\$585 <input type="checkbox"/>	\$
Adult Guest	\$280 <input type="checkbox"/>	\$305 <input type="checkbox"/>	\$355 <input type="checkbox"/>	\$
ADDITIONAL TICKETS	PRICE		QUANTITY	TOTAL
Annie Neville Luncheon	\$35	X		\$
Awards Banquet	\$70	X		\$
Entertainment	\$45	X		\$
Grand Basileus Reception	\$45	X		\$
Legacy Luncheon	\$40	X		\$
Life Member Luncheon	\$45	X		\$
NEF Power Luncheon	\$50	X		\$
Philo Reception	\$40	X		\$
Prayer & Praise Breakfast	\$40	X		\$
SPEAR Jazz Breakfast	\$45	X		\$
Step Show/Stroll Competition	\$10	X		\$
CONFERENCE TOTAL				

TO ASSIST US IN PROVIDING ACCURATE FOOD INFORMATION PLEASE LIST ANY DIETARY NEEDS (ie vegetarian, no seafood, no pork, etc):

HANDICAP ACCESSIBILITY REQUIREMENTS : _____

FULL PAYMENT IS DUE WITH REGISTRATION FORM. PLEASE MAKE MONEY ORDER PAYABLE TO SIGMA GAMMA RHO, SORORITY, INC.

MONEY ORDER VISA DISCOVER MASTERCARD AMEX

CC#: _____ EX: ____ / ____
 V-CODE: _____ (3-4 DIGIT CODE)
 NAME THAT APPEARS ON CARD: _____
 SIGNATURE: _____

REGISTER BY FAX: 1.877.647.1918
REGISTER ONLINE: www.sgrho1922.org

REGISTER BY MAIL:
 SIGMA GAMMA RHO SORORITY, INC.
 1000 SOUTHILL DRIVE, SUITE 200
 CARY, NC 27513-8630

A \$5.00 FEE IS ADDED TO ANY CREDIT CARD PAYMENT