

Kiwanis Texas-Oklahoma District Convention Registration Form

August 5-8, 2010

UPDATED
04-28-10

How to Register

ONLINE

EMAIL KCarnohanCPA@aol.com

FAX 325-673-1341

MAIL Completed registration form with check or credit card payment to:
Kristen Carnohan, CPA
333 Stallion Road
Abilene TX 79606

Registration Information (please type or print clearly)

Kiwanian _____
Spouse/Guest _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Cell _____
E-Mail address _____
Youth Name _____ Age _____
Youth Name _____ Age _____
Youth Name _____ Age _____

Kiwanis Club Name _____
Division _____
_____ Current Office _____

I am a (please check all that apply):
Past Governor _____ Past Lt. Governor _____ International Life Member _____
T-O Life Member _____ Is this your first T-O District Convention? _____

Fees

Please check one:	Number of Tickets	Cost	=	\$
<input type="checkbox"/> Kiwanian (postmarked by July 1)	_____ x	\$45.00	=	\$ _____
<input type="checkbox"/> Kiwanian (postmarked after July 1)	_____ x	\$60.00	=	\$ _____
<input type="checkbox"/> 100% Registration (paid by club)**	_____ x	\$10.00/mbr**	=	\$ _____
<i>No registration fee for spouse or youth</i>				
** Send list of members w/check to Kristen Carnohan				
 Thursday Morning Golf Tournament	 _____ x	 \$65.00	 =	 \$ _____
<u>Friday</u>				
<input type="checkbox"/> Past Lt. Governor's Breakfast	_____ x	\$12.00	=	\$ _____
<input type="checkbox"/> Kiwanis Luncheon	_____ x	\$15.00	=	\$ _____
<input type="checkbox"/> Family Fun Night	_____ x	\$18.00	=	\$ _____
<input type="checkbox"/> Youth Meals for Family Night	_____ x	\$0.00	=	\$ _____
<u>Saturday</u>				
<input type="checkbox"/> Prayer Breakfast	_____ x	\$12.00	=	\$ _____
<input type="checkbox"/> Kiwanis Luncheon	_____ x	\$15.00	=	\$ _____
<input type="checkbox"/> Governor's Banquet	_____ x	\$20.00	=	\$ _____

TOTAL FEES

\$

PAYMENT

Please check one:

Enclosed is a check payable to : Abilene Kiwanis Convention *(please include registrant's name on check)*

Charge total fees to the following credit card:

MasterCard
 VISA
 Discover

Card number: _____ Security code: _____ Exp. Date: _____

Cardholder Signature: _____

Cardholder Name *(as appears on card--please print)*: _____

Cardholder billing address *(city, state, zip)*: _____

Hotel Information

The following hotels are participating in special rates for the convention and transportation will be provided to the Civic Center

MCM ELEGANTE	(888) 897-9644 (325) 698-1234	\$109
HAMPTON INN	(325) 695-0044	\$96
COURTYARD BY MARRIOTT	(325) 695-9600	\$94
HILTON GARDEN INN	(325) 690-6432	\$109
FAIRFIELD INN	(325) 695-2448	\$79