

TURNING 2009

OCTOBER 16, 17 & 18, 2009

SYMPOSIUM REGISTRATION FORM

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (____) _____

AAW Chapter: _____

Email Address: _____

**Registration fee including meals:**

Does not include the Thursday evening meal (see below)

	<u>Before 9/30/09</u>	<u>After 9/30/09</u>	<u>Discount for spouse Registering</u>
3 Day Pass	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$50.00
2 Day Pass	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$40.00
1 Day Pass	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$20.00
Sunday 1 Day Pass	<input type="checkbox"/> \$75.00		

\$ _____

Please indicate which days:
 Friday Saturday Sunday

(If your spouse is also registering, deduct this amount from their registration fees.)

Spouse Name: _____**On Site Dormitory Rooms: \$22.00 per night**Please indicate your gender: M F

\$22.00 / night X _____ (# of nights) =

\$ _____

Please indicate which nights: Thursday Friday Saturday**(Bring your own linens, pillows and towels.)****On Site RV/Camping:** \$27.00 / night X _____ (# of nights) =

\$ _____

Please indicate which nights: Thursday Friday Saturday

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Spouse Meal Package: (3 day) \$90.00 = \$ _____
or: (per day)

Fri \$32 _____ Sat \$40 _____ Sun \$18 _____ = \$ _____

Thursday Evening Meal: \$14.00/person (not included with full registration) = \$ _____

(Please mention any special diet concerns when submitting registration.)

Total \$ _____

Please make checks payable to "OVWG"

Return form to:

Pete Kekel

4175 Farmwood Court

Erlanger KY 41018

Email: pkekel@fuse.net

Phone: 859.525.4092

David Ellsworth - Jean-François Escoulen - Ed Kelle
Bonnie Klein - Alan Lacer - Stuart Mortimer
Jennifer Shirley - Jacques Vesery

