

VOLUNTEER LEADERSHIP WORKSHOP - JUNE 10 - 11, 2016

WORKSHOP REGISTRATION DEADLINE: JUNE 3, 2016

HOTEL RESERVATION DEADLINE: MAY 25, 2016

Name: _____ Class: _____ Phone: _____

Email: _____ ☐ Home ☐ Bus.

Preferred Address: _____ ☐ Home ☐ Bus.

City, _____ State _____ ZIP: _____

Nametag: _____ Role: _____

Spouse Nametag: _____ Role: _____

Guest 2 Nametag: _____ Role: _____

Guest 3 Nametag: _____ Role: _____

REGISTRATION & ACTIVITIES

TOTAL

Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and entering your total on the right.

WHO'S ATTENDING				ACTIVITY	COST/PERSON	
Classmate	Spouse	Guest 1	Guest 2			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 1 - Emergency Response Training		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 2 - Association Overview		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday, Dinner, Clayton W. Williams, Jr. Alumni Center	\$25 ea	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday, Breakfast, Clayton W. Williams, Jr. Alumni Center	\$15 ea	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 3 - Keynote Speaker: Clayton W. Williams, Jr. Alumni Center		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 4 - Please circle one - Tax & Insurance Overview - Online Communications - Intermediate level - Online Communications - Beginner Level - Event Best Practices		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 5 - Please circle one - Class Agents (Classes of 1943-1979) - Class Agents (Classes of 1980-2005) - Class Agents (Classes of 2006-2016) - Clubs - Constituent Networks		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 6 - Please circle one - Class Agents (Classes of 1943-1979) - Class Agents (Classes of 1980-2005) - Class Agents (Classes of 2006-2016) - Clubs - Constituent Networks		No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 7 - Wrap Up		No Charge
GRAND TOTAL FOR REGISTRATION & ACTIVITIES						\$ _____

If you have any special dietary needs, please note: _____

If you have any special physical needs, please note: _____

Method of Payment: Please ✓ one: ☐ Check payable to The Association of Former Students
or ☐ Credit Card: Mastercard / Visa / Discover / American Express

Card #: _____ Exp. Date: ____/____/____ Verification Code*: _____

Signature _____

* The last 3 digits of the number printed on the signature line on the back of your card

Office Use:

Rcd: _____

BSR: _____

Proc: _____

Letter: _____

Tags: _____