

ROTARY DISTRICT 7640 CONFERENCE



MAY 21-23, 2010
PRINCESS ROYALE
OCEANFRONT
& CONFERENCE CENTER

Is this your first conference? _____
 How many conferences have you attended? _____

Last Name _____ Name of Partner _____
 First Name _____ Rotary club of Partner _____
 Rotary club of _____ Phone Numbers:
 Address _____ Home: _____ Cell _____
 City _____ State _____ Zip _____ Work _____ Fax _____
 E- Mail _____

Please check all that apply to you and your partner

	You	Partner		You	Partner
• Club President	_____	_____	Assistant Governor	_____	_____
• Club President Elect	_____	_____	Past District Governor	_____	_____
• Club Secretary	_____	_____	Paul Harris Fellow	_____	_____
• Club Treasurer	_____	_____	Benefactor	_____	_____
• Past Club President	_____	_____	Major Donor	_____	_____



Make Hotel Reservations Directly

Princess Royale Hotel & Convention Center
 9100 Coastal Hwy
 Ocean City, MD 21842
 Call 1-800-476-9253
 Mention District 7640 Conference
 Rates \$129.00 Oceanview/Poolview Suite Night
 \$179.00 Oceanfront Suite Night
 Single/Double Occupancy
 Hotel Guest: Free Parking
 Hotel Registration Deadline : April 15, 2010
 www.princessroyale.com

Conference Registration Information

	<u>Single</u>	<u>Double</u>
Registration Fee:	\$ 50.00	\$ 50.00
Registration/ Meals/ Breaks/Sessions Only		
Friday thru Sunday	\$190.00	\$380.00
<u>Total</u>	<u>\$240.00</u>	<u>\$430.00</u>
Registration Deposit	- 75.00	- 75.00
Balance: As per Fee schedule	\$165.00	\$355.00

Cancellation Policy: Refunds before January 1, 2010 - 100%;
 before, March 1, 2010 - 50%; after, March 1, 2010 - 0%

Fee Schedule

If registering after April 15, 2010, then total amount is due with form
 All balances 50% Due by January 15, 2010, 100% of balance due by April 15, 2010.

Special Meal Needs: Rotarian _____ Partner _____
 _____ Vegetarian _____ Vegetarian
 _____ No Seafood _____ No Seafood

CHOOSE YOUR METHOD OF PAYMENT

1. Check – made Payable to: **Rotary District 7640 Conference**

Mail Check & Registration form to:
 Tim Datig, 20 Brandywine Court, Egg Harbor Twp, NJ 08234
 email: timdatig@comcast.net 609-412-3030

2. Credit Card: Mastercard _____ Visa _____ Card # _____

Expiration Date _____ Sec. Code _____ Signature _____

All Credit Card payments will automatically be taken according to **Fee Schedule** above.