

PHI THETA KAPPA

ALABAMA REGIONAL CONVENTION

March 12-13, 2010

Faulkner State Community College, Bay Minette, Alabama

(EACH MEMBER AND ADVISOR ATTENDING MUST SUBMIT AN APPLICATION. PLEASE PRINT LEGIBLY OR TYPE)

College Name: _____ State: _____

Chapter Name: _____

Name of Delegate: _____

(for nametag)

First (name you wish to be called)

Last

Classification: (check all that apply) Advisor Member Chapter Officer

Regional Officer International Officer Alumni member Guest

Special Requirements: Please check ALL that apply:

Special Meals: ___ Vegetarian ___ Other(Explain) _____

Special Needs: ___ Physical ___ Hearing ___ Sight ___ Other (Explain) _____

Mailing Address: _____

Street

City

State

Zip Code

E-Mail Address: _____

In case of emergency notify: _____

Day Phone (area code & number) _____

Evening Phone (area code & number) _____

Cost of Regional Convention: \$50 per person for applications and purchase orders or checks received on or before February 19. Fee will increase to \$65 after February 19.

Registrations will not be accepted after March 5. Cancellations must be made on or before March 5.

The registration fee covers the cost of the dinner on March 12, lunch and Hallmark Awards Luncheon Gala on March 13. Fee does not cover the cost of hotel accommodations. A list of hotels near the Convention site are:

- 1) Windwood Inn, 610 McMeans Avenue, Bay Minette, AL, 251-937-8800, \$40.66 with tax, 2 miles from college, breakfast not included (2 miles from college)
- 2) Country Inn & Suites, 29793 Woodrow Lane, Daphne, AL, 251-544-1800, \$79.00 with tax, 16 miles from college, breakfast included (16 miles from college)
- 3) Comfort Inn, 8931 Sawwood Street, Daphne, AL, 251-625-6260, \$74.00 with tax, 16 miles from college, breakfast included (16 miles from college)

ADVISORS: Fax completed registration forms and copy of Purchase Order (or P0 #) to (256) 331-5396

Please make check payable to: Phi Theta Kappa-Alabama Region and mail to:

Dr. Humphrey Lee, Phi Theta Kappa Regional Coordinator

NW-SCC PO Box 2545 Muscle Shoals, Alabama 35662

Phone: (256) 331-5214 email: teresah@nwsc.edu

Form of Payment

College PO# (attach copy if possible) _____ Check # _____

Phi Theta Kappa will enforce a Zero Tolerance Policy for the use of alcohol and controlled substances during all chapter and regional events.

FOR OFFICE USE ONLY: Date received: _____ Invoice# _____

ADVISORS: PLEASE FILL OUT THIS FORM AND INCLUDE WITH INDIVIDUAL REGISTRATION FORMS.

Chapter:

College:

Advisor traveling with students:

Advisor cell phone number:

Advisor Email:

TOTAL Number Students _____ X \$50 per student for purchase orders and checks received on or before February 19
(\$65 after February 19)

Total Amount due: \$ _____

Remember:* YOUR CHAPTER IS FINANCIALLY RESPONSIBLE FOR THE NUMBER OF PARTICIPANTS LISTED (the names may change as they usually do), if cancellations are not made on or before the **March 5th cancellation deadline.*

Please include the following, or send the information separately by email as soon as possible.

Hotel where your group will be staying _____

Hotel Address and Phone # _____
