

The Delta Kappa Gamma Society International
Texas State Organization Convention
Waco, Texas, June 14 - 16, 2018

All members must register. Please use one form per member. Only one form is necessary for a member with a guest. To avoid late fee, registration must be postmarked on or before May 16th. No meals may be ordered after June 1st. Address registration questions to Terrie Cardwell at 713-208-4923 or tcardwell003@comcast.net. Mail completed form to Terrie Cardwell, 2738 Fontana Dr., Houston, TX 77043. Please type or print plainly.

NAME _____
Title Last First Middle Initial Badge Name

MAILING ADDRESS _____
Street Address or PO Box

City State Zip Chapter Area

Email address (for a receipt) _____ Daytime Phone _____

Special Needs—Check all that apply.

___ Diabetic ___ Vegetarian ___ Gluten-free ___ Limited Mobility ___ Hearing/Visually Impaired

Please check if you are the current president or will represent her at the Executive Board meeting:

___ I will represent my chapter at the Executive Board meeting on Friday June 15, 2018.

Please check all that apply.

___ 2018-2020 Chapter President ___ 2016-2018 Chapter President ___ 1st State Convention Attendee ___ Member 50 or 50+ Years

Indicate number of tickets you want for each function. Cost includes tax, service charge and facility fee.

Registration Fee: (Choose one that applies.)

	Cost	Number	Amount
2018-2020 incoming Chapter President or representative attending LDGP	\$ 0	_____	_____
All other member registration — postmarked on or before May 16	\$ 50	_____	_____
Late Registration—postmarked after May 16	\$ 75	_____	_____
Guest—Badge Name _____	\$ 5	_____	_____
Box Lunch (Thurs, June 14) ___ Turkey sandwich ___ Ham sandwich ___ Salad	\$ 15	_____	_____
Building ASTEF Strong—proceeds to benefit ASTEF (Fri, June 15) tax deductible	\$ 25	_____	_____
Box Lunch (Fri, June 15) ___ Turkey sandwich ___ Ham sandwich ___ Salad	\$ 15	_____	_____
Presidents and Founders Banquet—Denim and Diamonds (Fri, June 15)	\$ 35	_____	_____
Celebration Brunch (Sat, June 16)	\$ 30	_____	_____
Continuing Professional Education Credit (CPE)	\$ 20	_____	_____
Choir Music—Choir Participants Only	\$ 15	_____	_____

Voice Part Requested: ___ Soprano I ___ Soprano II ___ Alto

I would be interested in playing ___ prelude ___ postlude

Contribution to ASTEF tax deductible..... _____

TOTAL AMOUNT ENCLOSED

_____ CHECK (Payable to Texas State Organization Convention Fund) OR _____ MasterCard _____ VISA

Cardholder's Name _____ Card Number _____ Exp. Date _____

Cardholder's Billing Address: _____ 3-digit Sec. Code _____

Cancellation requests must be made in writing to Terrie Cardwell, 2738 Fontana Dr., Houston, TX 77043 and postmarked by May 23rd.

By your attendance at this event, you grant permission to be filmed, videotaped, audio taped or photographed by any means, and you grant full use of your likeness, voice and words without compensation.