2012 District Conference – Districts 7250 and 7260
Water's Edge Resort & Spa --Westbrook, CT.
April 19 – 22, 2012

Rotarian's Last Name: (Please Print) ***First Name & Middle Initial:*** ***Badge Name:*** ***Rotary Club Of:***

Spouse/Guest Last Name: ***First Name & Middle Initial:*** ***Badge Name:*** ***Rotary Club Of***

☐ ***Also a Rotarian***

Mailing Address:

City: ***State:*** ***Zip Code***

Telephone: Business ***Home:*** ***Fax:*** ***E-Mail***

☐ ***Please send a confirmation of my Conference Registration to my email address.***

Please indicate your current or Past Rotary Office(s):

	You	Partner		You	Partner		You	Partner
District Governor	☐	☐	*Club President*	☐	☐	*Paul Harris Fellow*	☐	☐
District Governor Elect	☐	☐	*Club Past President*	☐	☐	*Foundation Benefactor*	☐	☐
District Governor Nominee	☐	☐	*Club President Elect*	☐	☐	*Major Donor*	☐	☐
District Governor Designee	☐	☐	*Interact Committee*	☐	☐	*Conference Committee*	☐	☐
Past District Governor	☐	☐	*Youth Exchange Committee*	☐	☐	*Rotary Alumni*	☐	☐
District Treasurer Secretary (circle)	☐	☐	*RYLA Committee*	☐	☐	*Ambassadorial Scholar*	☐	☐
Assistant District Governor	☐	☐	*Early Act Committee*	☐	☐	*Rotaract*	☐	☐

☐ *Conference Package (*See Below) - Double Occupancy $1100.00* *$*

Number of Children In Parent's Room _____ Food Plan Price for Children Upon Request

☐ *Conference Package – Single Occupancy $825.00* *$*

Room Preference (Accommodated on a first –come basis – run of the house) **Total Food and Room** **$**

☐ **King Bed** ☐ **Two Double Beds** **Deposit** **$**

☐ **Non-Smoking** ☐ **ADA Accessible Room** **Balance** **$**

Interested in golf _____ tennis _____

Special Needs/Dietary Needs:_____

***The above Conference Package Includes:**

*Three Nights Lodging *Thursday Welcome Reception and Dinner *Friday and Saturday Breakfast

*Coffee Breaks *Governor's Banquet on Saturday Night *Sunday Farewell Brunch

Credit Card: ___Amex ___Visa __ Master _____ _____ _____

Credit Card Number Expiration Signature

Please fill out this form, print and mail the completed registration form and /or checks or credit card information to:
Wendy Friedman- Kolsin, District Treasurer, POB 498, Speonk, NY 11972

THANK YOU FOR REGISTERING.