



Rotary District 7260 36th Annual District Conference

SeaView - a **DOLCE** resort

GALLOWAY, NJ

(ONLY 20 MINUTES FROM ATLANTIC CITY)

April 29 - May 2, 2010

ROTARY ALWAYS A WINNING HAND

Rotarian Last Name:	First Name & Middle Initial:	Badge Name:	Rotary Club of:
Spouse/Guest Last Name:	First Name & Middle Initial:	Badge Name:	Rotary Club of:
Mailing Address:	City:	State:	Zip:
Telephone: Business	Home:	Fax:	Email
Please indicate your current or past Rotary offices:			
	<u>You</u> <u>Partner</u>		<u>You</u> <u>Partner</u>
District Governor	<input type="checkbox"/> <input type="checkbox"/>	Host Club Member	<input type="checkbox"/> <input type="checkbox"/>
District Governor Elect	<input type="checkbox"/> <input type="checkbox"/>	Club President Elect	<input type="checkbox"/> <input type="checkbox"/>
District Governor Nominee	<input type="checkbox"/> <input type="checkbox"/>	Paul Harris Fellow	<input type="checkbox"/> <input type="checkbox"/>
Past District Governor	<input type="checkbox"/> <input type="checkbox"/>	RYLA	<input type="checkbox"/> <input type="checkbox"/>
Club President	<input type="checkbox"/> <input type="checkbox"/>	District Treasurer	<input type="checkbox"/> <input type="checkbox"/>
District Secretary	<input type="checkbox"/> <input type="checkbox"/>	Other	<input type="checkbox"/> <input type="checkbox"/> (specify) _____
Conference Fees (room & food). The <i>SeaView</i> resort has a smoke-free policy.			Amount
<input type="checkbox"/> Conference & Hotel Package, Double Occupancy: \$1,250.00 <input type="checkbox"/> Conference & Hotel Package, Single Occupancy: \$925.00 Total Room & Food Fees			\$ _____ \$ _____ \$ _____
Charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card Card # _____ Security Code _____ Exp. Date _____ Name as it appears on credit card: _____ Amount _____ Signature _____			I am enclosing <u>PAYMENT IN FULL</u> \$ _____ OR — Deferred payment plan (\$10.00 fee) \$ 10.00 Less: <u>DEPOSIT</u> with this form (\$150.00 per person) \$ _____ BALANCE DUE APRIL 2, 2010 \$ _____
Please choose either " <u>DEPOSIT</u> " or " <u>PAYMENT IN FULL</u> ". Balance due in full before April 2, 2010			
I will be sharing my room with: _____			
Special dietary or handicap needs? _____			
Interested in tennis? <input type="checkbox"/> or golf? <input type="checkbox"/> Let us know and we'll contact you with details.			

The conference room and food package includes 3 nights lodging, Arrival Reception and Dinner, Governor's Reception and Ball, two buffet breakfasts and a continental breakfast and brunch on Sunday. Friday evening dinner is not included.

Please return this form before **December 4, 2009** with either \$150.00 deposit per person or payment in full. Full payment must be received **no later than April 2, 2010**. Reservations received after **April 2, 2010** will only be accepted upon room availability. **AFTER APRIL 2, 2010 REFUNDS CANNOT BE GIVEN FOR CANCELLATIONS.**

Please make checks payable to: **DISTRICT 7260 CONFERENCE (2010)**
 Please forward completed form with payment to:
Marion Stark, PDG
6 Robins Nest Road
Hampton Bays, NY 11946

If you need additional information or have questions about the conference please contact one of the conference co-chairs: **Bill Dalton** (631) 288-3509 or **Pat Wall** (631) 728-3669.

For up-to-date information visit the website at www.westhamptonrotary.org/conference.html