



REGISTRATION FORM
Rotary District 5890 Conference
April 30 - May 2, 2009
L'auberge du lac Hotel & Casino
Lake Charles, LA

PLEASE READ CAREFULLY

INSTRUCTIONS: List yourself on the first line. Register Spouse, Room Mate, Significant Other on second line only if he or she is also registering.

| | | | |
|----------------------|-----------------------|----------------------|--------------------|
| Rotarian's Last Name | Rotarian's First Name | Badge Name | Club |
| Partner's Last Name | Partner's First Name | Partner's Badge Name | Club (If Rotarian) |
| Address | City | State | Zip |

Telephone Numbers: Please provide at least one.

Home: _____
 Work: _____
 Fax: _____
 Cell: _____
 E-mail: _____

PLEASE PLACE AN "X" IN ALL APPLICABLE:

| | | |
|---|--|---|
| <input type="checkbox"/> DG | <input type="checkbox"/> Current Pres. Elect | <input type="checkbox"/> Interact / Rotaract |
| <input type="checkbox"/> PDG | <input type="checkbox"/> Conference Comm. | <input type="checkbox"/> Major Donor |
| <input type="checkbox"/> AG | <input type="checkbox"/> Paul Harris Fellow | <input type="checkbox"/> Alumni |
| <input type="checkbox"/> PAG | <input type="checkbox"/> Bequest Society | <input type="checkbox"/> PH Society |
| <input type="checkbox"/> DG Elect | <input type="checkbox"/> GSE or YE | <input type="checkbox"/> Benefactor |
| <input type="checkbox"/> DG Nominee | <input type="checkbox"/> Voting Delegate | <input type="checkbox"/> District Conf. Chair |
| <input type="checkbox"/> Club President | <input type="checkbox"/> Current Club Sec. | |
| <input type="checkbox"/> Past President | <input type="checkbox"/> Special Guest | |

CONFERENCE REGISTRATION

Please register spouse or partner if attendance to any function is intended

| | | |
|----------------------|--|--------------------------|
| REGISTRATION FEE: | Number of Persons | _____ X \$195.00 = |
| OPTIONAL ACTIVITIES: | # of Golf Entries including Breakfast (Thursday) | _____ X \$125.00 = _____ |
| TOTAL PAYMENT: | | _____ |

CREDIT CARD INFORMATION

NOTE: VISA and Mastercard only.

Credit Card Number: _____ - _____ - _____ Expiration Date: _____ / _____ C V V : _____
 (3 digit # on back of card)

Your Signature: _____

Please print and sign this form now. Send appropriate payment with form. Payment by check is acceptable. Please make check payable to Rotary District 5890.
 Mail form and payment to: Brian McDonough, 2303 Briarview Dr., Houston, Texas 77077. Credit card payment can be transmitted by fax or mail.
 (Fax # 281-579-7577 / E-mail: brian@weissereng.com) All payments will be confirmed by e-mail if provided.
This registration DOES NOT include hotel accommodations. Registrants must arrange their hotel reservations at L'auberge du lac Hotel & Casino.
 When you contact them, use Group Reservation Code SROTRY. L'auberge de lac Hotel and Casino's phone # is 866-580-7444.

IF PAYING BY CREDIT CARD IT IS SUGGESTED THAT YOU FAX THIS FORM RATHER THAN EMAIL IT - OR LEAVE CC INFO BLANK AND ASK BRIAN TO CALL