



MAIL FORM TO: PFRW Headquarters
806 North Second Street, Harrisburg, Pa 17102-3212

2012 ORDER FORM FOR INDIVIDUAL CONVENTION MEALS
THIS FORM SHOULD BE COMPLETED BY ALL PERSONS WHO HAVE NOT
PURCHASED THE FULL 2 DAY HOTEL ROOM PACKAGE

(Full 2 Day packages includes your Hotel Stay and all Meals, Except the Friday Board Brunch)

I expect to attend the Convention on the following date(s) **(PLEASE CIRCLE DAYS)**

FRIDAY, September 21st

SATURDAY, September 22nd

SUNDAY, September 23rd

Payment is enclosed to cover the following meals **(PLEASE CIRCLE)**

Friday Full Board
(Working Lunch) \$35.00
Friday Dinner \$45.00

Saturday Breakfast \$25.00
Saturday Lunch \$35.00
Saturday Gala Dinner \$45.00

Sunday Inspirational
Breakfast \$26.00

TOTAL MEAL PACKAGE - \$176.00 (Please add \$35.00 for Board Lunch)

Persons planning to attend Convention sessions, workshops, etc., **INCLUDING ONE OR MORE MEALS, must be registered as INDICATED BELOW.** Persons planning to attend **MEAL FUNCTIONS ONLY AND NO OTHER CONVENTION ACTIVITIES PAY ONLY THE COST OF THE MEAL (S)**

PLEASE CIRCLE YOUR REGISTRATION CATEGORY:

STATE: OFFICER DIRECTOR OTHER VOTING BOARD

DELEGATE ALTERNATE DELEGATE MEMBER GUEST (Not a member of a Council)

Credential forms are required for **Delegate** and **Alternate Delegate** categories and are assigned by your local Council of Republican Women. This form will be provided at a later date. **THE MEMBER OR GUEST REGISTRATION FEE IS \$15.00.** No credential form is required, **BUT IF DESIGNATING MEMBER STATUS, MUST INCLUDE COUNCIL NAME.**

_____ I plan to attend Convention functions only. **NO MEALS**

_____ I plan to attend Convention functions, including one (1) or more meals.

AMOUNT ENCLOSED FOR MEAL(S) \$ _____ (Payable to PFRW)

MEMBER or GUEST REGISTRATION **\$15.00**: Total amount enclosed: \$ _____ (Payable to PFRW)

Meal tickets will be in the Convention packets for all pre-registered persons **OR** they can be picked up at the PFRW Registration Desk in the hotel at the time of arrival. **NO TICKETS WLL BE MAILED.**

ALL MEAL TICKETS MUST BE PREPAID BY THE SEPTEMBER 1st, 2012 DEADLINE DATE

NAME _____ ADDRESS: _____

If Registering as MEMEBR – Council Name: _____ Officer(?): _____

PHONE NUMBER () _____ EMAIL _____