Kiwanis
California-Nevada-Hawaii District

Please print or type

www.cnhkiwanis.org

100% Club Registration Form - Mid-Year Conference North – March 6, 2010

301 South Market Street, San Jose, CA 95113

KIWANIS CLUB OF_____ DIVISION_____

***NOTE:** To register 100%, clubs must submit a minimum of **$250.00** in registration fees, with a maximum payment of **$500.00**.
If housing will be required, please contact the San Jose Marriott directly at 1-800-266-9432 or for online reservations, click on this link:
https://resweb.passkey.com/Resweb.do?mode=welcome_gi_new&groupID=1507786.
Reference the Kiwanis Mid-Year Conference North to receive the special conference rate of $109 per night.
Deadline date of guaranteed housing is **February 17, 2010**.

**You may fax credit card orders to (909) 989-7779 or e-mail to convention@cnhkiwanis.org, or if paying by check, make check payable and mail to:
Cal-Nev-Ha Kiwanis, 8360 Red Oak Street, Suite 201, Rancho Cucamonga, CA 91730**

All Mid-Year Conference North registrations must be received in the District Office no later than **February 19, 2010**.
If registration with payment is not received by this date, you must hand carry this form to the Mid-Year Conference and register at the on-site desk at the cost of **$12.00** per member. *Cancellation requests must be submitted in writing to the District Office.*
Full refunds, less a $50.00 processing fee, will be granted for requests received by 5:00 p.m., February 24, 2010.
No refunds will be granted for requests received after February 24, 2010.

PLEASE PRINT OR TYPE LIST **ONLY** THOSE KIWANIANS ATTENDING (list name as you would like it to appear on name badge)	**PARTNER OR GUEST** (NON-KIWANIAN) (list name as you would like it to appear on name badge)	**(A)** **ROSE FLOAT INTER-CLUB BREAKFAST** (indicate # of tickets needed)	**(B)** **INTER-CLUB LUNCHEON** (indicate # of tickets needed)		**(C)** **5TH ANNUAL WINTER GALA**** (indicate # of tickets needed)		**(D)** **5TH ANNUAL WINTER GALA **** COMP (indicate # of tickets authorized– up to 2 per couple)	
			Chicken Cobb Salad	Vegetarian	Chicken Breast	Vegetarian	Chicken Breast	Vegetarian
(see reverse side)								

THIS FORM, TOGETHER WITH PAYMENT FOR THE TOTAL OF ALL REGISTRATION FEES AND MEAL TICKETS IS TO BE SENT DIRECTLY TO THE DISTRICT OFFICE.

PLEASE PRINT OR TYPE LIST **ONLY** THOSE KIWANIANS ATTENDING (list name as you would like it to appear on name badge)	**PARTNER OR GUEST** (NON-KIWANIAN) (list name as you would like it to appear on name badge)	**(A) ROSE FLOAT INTER-CLUB BREAKFAST** (indicate # of tickets needed)	**(B) INTER-CLUB LUNCHEON** (indicate # of tickets needed)		**(C) 5TH ANNUAL WINTER GALA **** (indicate # of tickets needed)		**(D) 5TH ANNUAL WINTER GALA **** COMP (indicate # of tickets authorized– up to 2 per couple)	
			Chicken Cobb Salad	Vegetarian	Chicken Breast	Vegetarian	Chicken Breast	Vegetarian
Total Number of Meal Tickets (including reverse side)								
Meal Cost		$17.00 each	$24.00 each		$75.00 each		COMP	
TOTAL MEALS $								
		For office use only - (22.412.11)	(22.412.03)		(10.205.26)		(10.205.26/10.120.26)	

(A) Total Certified Membership as of September 30, 2009 = _____ x $10.00 per member = $_____ (Minimum $250.00; Maximum $500.00. See *Note on Front of Page)
(22.410.04)

(B) Grand Total for Meal Tickets (totals from column A+B+C) ..... = $_____

(C) **After February 19, 2010, an additional $2 per member** ..... = $_____
(Minimum $300.00; Maximum $600.00)

Total Check Enclosed..... = $_____

Prepared by: _____
(Please **Print** Clearly)

Telephone Number: _____

E-mail address: _____

If you wish to use your American Express, Visa, MasterCard or Discover please complete the following:

Cardholder Name _____ Signature _____

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Card Number Expiration Date Security Code*

*For American Express customers, the security code is the 4 digit code located above your credit card number on the front of your card.
For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the back of your card.

Please provide the cardholder's billing address on the line below. Thank You.

_____

** **Comp Tickets:** If you were awarded the William A. Dunlap Fellowship (or upgraded) between October 1, 2008 and September 30, 2009, you are entitled to a complimentary ticket to the Winter Gala for you and your partner/guest (limit two complimentary tickets per couple).
Table Registration: To purchase a table of 10 at the reduced rate of $650 per table, please complete the attached Winter Gala North Table Reservation Form.