

Official Registration Form
2008 MO-ARK DISTRICT CONVENTION
 Oasis Hotel Springfield, Missouri
 August 8-10, 2008

Name _____ Partner (if attending) _____

Mailing address _____ Zip code _____

Kiwanis Club of _____ Div _____

Phone () _____ E-mail _____

Children's name & age(s) (if attending) 1. _____ 2. _____ 3. _____

Check all that apply: Club Delegate 1st Time attendee Lt. Governor Club President

Life Member Past Governor Club secretary Past Lt. Governor Delegate at Large

REGISTRATION FEES

Kiwanian(s).....[includes Kiwanis University Saturday]\$15.00 each \$ _____
 Non Kiwanian..... 5.00 each \$ _____

MEAL /EVENT TICKET RESERVATIONS

	By Aug. 1	After Aug. 1	TOTAL
Past Lt. Governor's Breakfast, Friday, Aug. 8	12.50 _____	15.50 _____	_____
Young Children Priority One Awards Luncheon, Friday, Aug. 8	18.00 _____	21.00 _____	_____
*Friday night –Family Time “Hawaii Blues,” Aug. 8	15.00 _____	18.00 _____	_____
*Children 5 and under-free; Children 12 and under– half price.	7.50 _____	9.00 _____	_____
Fellowship Luncheon, Saturday, Aug 9	15.00 _____	18.00 _____	_____
Partner's Luncheon, Saturday, Aug. 9	14.00 _____	17.00 _____	_____
Governor's Banquet, Saturday evening, Aug. 9	23.00 _____	26.00 _____	_____
Sunday Brunch, Sunday, Aug 10	14.00 _____	17.00 _____	_____
TOTAL (including registration fees)			_____

Special dietary request: _____

MAKE CHECKS PAYABLE TO: Mo-Ark 2008 KIWANIS CONVENTION NO CREDIT CARDS

Mail to: Jennifer Wormington, Convention Treasurer, P.O. Box 9791, Springfield, MO 65801-9791

NOTE: ALL MEAL TICKET FUNCTIONS WILL BE PRE-SOLD PRIOR TO AUGUST 5.

For additional information, please contact the MO/ARK District Office @ (479) 273 - 7815 or E-mail: greendavida@aol.com

-----cut here-----

ROOM RESERVATION FORM

MO/ARK KIWANIS DISTRICT CO07NVENTION - AUGUST 8-10, 2008

Mail this room reservation separately to:

OASIS HOTEL, Kiwanis 2550 N. GLENSTONE SPRINGFIELD, MO 65803 - 1-888-532-4338

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ARRIVAL DATE _____ DEPARTURE DATE _____
 (All guaranteed arrivals must be secured with advance deposit or credit card)

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ PHONE () _____

ROOM CHOICE : (please check one and indicate how many rooms needed)

<u>Type of Room</u>	<u>Room rate</u>	<u>Occupancy</u>
<input type="checkbox"/> Standard Dbl.	\$54.00 Non Poolside (local tax not incl.)	(Indicate number of persons) _____
	\$64.00 Poolside (local tax not incl.)	(Indicate number of persons) _____

ROOM RESERVATIONS MUST BE MADE PRIOR TO July 23, 2008

BE SURE TO NOTE THE DEADLINES FOR CONVENTION AND REGISTRATION!