

advisor registration form

please remove from brochure

Registration Fee: \$350 per advisor
(\$150 charge for single room request)
(Limited Number of Single Rooms Available)

Name (Please Print Clearly) _____

Last

First

Home Address _____

Street

Apt

City / Town

State

Zip Code

County

Home/cell phone () _____ (In case we need to contact you prior to the conference)

Work phone () _____ Fax () _____

Employer _____

Work address _____

Street

City/Town

State

Zip Code

Employment position / title _____

Responsible for payment (must be completed)

Elk Lodge: _____ School _____ Alliance: _____ Youth Group: _____

Other: _____

Contact person (please print) _____ Phone number: _____

Form of payment: Purchase order: _____ Check: _____

In case of an emergency, please contact:

Name _____ wphone # _____ hphone # _____

Name _____ wphone # _____ hphone # _____

Sex: Male _____ Female _____ Please send any Elks mailings to: Home _____ Work _____

I would like to room with: _____

I would like to have a single room. I have added \$150 to my registration fee.

Special dietary requirements/allergies: _____

Please mark one (for statistical purposes):

African American ___ Asian ___ Caucasian ___ Latino ___ Native American ___ Other _____

STATEMENT OF ADVISOR PARTICIPATION:

The New Jersey State Elks requests that each advisor fully participates in their students learning experience while attending the conference. Each advisor will be assigned duties (i.e. hall monitor) during the conference that will ensure the safety of their students and enhance their experience.

Advisor Signature

Date