



REGISTRATION FORM

Carolinas District Kiwanis Midyear Conference
Embassy Suites Kingston Plantation

February 1 - 3, 2008
Myrtle Beach, SC



REGISTER ONLINE! WWW.CAROLINKIWANIS.ORG

SECTION 1:

CLUB NAME: _____ **DIVISION:** _____

SECTION 2: NAMES OF THOSE ATTENDING: (Will be printed on name badge)

	LAST NAME for Badge	FIRST NAME for Badge	OFFICE/TITLE	MEMBER OR NON MEMBER CIRCLE ONE <input type="radio"/>
1				MEMBER OR NON MEMBER
2				MEMBER OR NON MEMBER
3				MEMBER OR NON MEMBER
4				MEMBER OR NON MEMBER

SECTION 3: CONTACT INFORMATION FOR CONFIRMATION AND PROBLEMS: (PLEASE PRINT)

NAME:			
ADDRESS LINE 1:			
ADDRESS LINE 2:			
CITY, STATE, ZIP			
CONTACT NUMBERS	HOME	WORK	CELL
EMAIL ADDRESS			

SECTION 4: CONFERENCE REGISTRATION FEES

Registration fee includes all conference materials, convention program, use of Embassy Suites facilities, Friday night opening session/social with heavy Hors d'oeuvres, Saturday luncheon, and Saturday night banquet with music and dancing.

RATE TABLE: FEES AND DUE DATES:

	RATE PLAN:	RATE FOR EACH KIWANIS MEMBER	RATE FOR EACH GUEST (NON MEMBER)	POSTMARK BY DATE:
1	EARLY BIRD RATE	\$104.00	\$94.00	DECEMBER 23, 2007
2	REGULAR RATE	\$119.00	\$109.00	JANUARY 15, 2008
3	LATE RATE	\$129.00	\$119.00	APPLIES TO ANY REGISTRATION POSTMARKED AFTER JANUARY 15, 2008
4	ON-SITE RATE	\$139.00**	\$129.00**	ON-SITE (Food Not Guaranteed)

**** There is no guarantee that food functions will be available for your attendance if you register on-site; seating and food service will be on a first registered basis after JANUARY 15th until we have reached the maximum # we can accommodate. There will be no reduction in the rate paid if meals are not available. Please do not mail registrations after JANUARY 15th.**

SECTION 5: HOTEL INFORMATION FOR RESERVATIONS - \$95.00 per night !!!

Hotel Reservations should be made directly with the hotel **AS SOON AS POSSIBLE** but the absolute deadline for a guaranteed special rate is **JANUARY 15, 2008**:

Embassy Suites Kingston Plantation Myrtle Beach (1-800-EMBASSY)

To insure special discount of \$95.00, plus taxes, per night, identify yourself as a **Carolinas District Kiwanis Conference Attendee** to receive the special rate, for you and your guest, (up to 2 people per room)
A FULL BUFFET BREAKFAST AND EVENING COCKTAILS
(In the Embassy reception area, 5 - 7 pm) **IS INCLUDED IN YOUR RATE.**

SECTION 6: PAYMENT INFORMATION * MAILING INSTRUCTIONS * REFUND POLICY (Payment may be made by Credit card, Debit card, or Check/Money Order)

REFUND POLICY:

Refunds will be made for any registration cancelled in writing to the address below postmarked by **JANUARY 15th, 2008**. Any cancellations after **JANUARY 15th** will result in no refunds of the registration fee; in the event of an emergency, you may find someone to take your place, but the refund policy still applies. Substitutions will be accommodated. You are responsible for canceling your own hotel reservations.

DO NOT CALL THE KIWANIS DISTRICT OFFICE WITH CANCELLATIONS.

Mail Conference Registration to:
(AND CHECK IF APPLICABLE)

**Conference Registration
Carolinas District Kiwanis
2008 Pinecrest Drive
Greenville, NC 27858**

OR

**FAX YOUR COMPLETED FORM TO:
(641) 453 - 6725**

Questions?

**Call Scott at Registration Processing:
1-704-968-1051**

PLEASE INCLUDE YOUR CHECK, MONEY ORDER OR THE INFORMATION REQUESTED IN THE AUTHORIZATION FORM TO THE RIGHT. REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PROPER PAYMENT.

CHECK PAYABLE TO:

CAROLINAS DISTRICT KIWANIS



**TOTAL FEES DUE
BASED ON PAGE 1:**

\$ _____

Name of Cardholder (Printed on card)

Cardholder Address -Required (Street Address)

Cardholder Address -Required (City, State & Zip)

_____ Mastercard _____ Visa

Credit Card Number

Expiration Date

Security Code

3 digit number code on back of card

By signing below, I authorize Carolinas District Kiwanis to process funds from this credit or debit card; I acknowledge that I have read and understood all policies regarding fees and refunds as indicated and agree to these terms and conditions.

\$ _____
Amount of Charge

Cardholder Authorized Signature

**COMPLETED REGISTRATION FORMS CAN BE FAXED TO 641-453-6725 UNTIL JANUARY 15TH, BUT IF PAYMENT IS BY CHECK THE REGISTRATION WILL NOT BE PROCESSED UNTIL THE CHECK ARRIVES; THE RATE APPLIED WILL BE BASED ON THE DATE THE PAYMENT IS RECEIVED.
PLEASE DO NOT FAX YOUR FORMS TO THE KIWANIS DISTRICT OFFICE.**