

Kiwanis

Carolinas District

REGIONAL MEETINGS 2009

Friday events will have dinner first (around 5 pm) with the meeting following until 9 pm. Saturday events will begin with registration at 9:30 am and go until about 2:00 pm with lunch at noon. Each Division will be given the opportunity to hold a council meeting at the event. **Club officers, plan to attend! Bring committee chairs and board!**



Regional Meeting	Divisions	Date	Location
1	1, 2, 3	Saturday October 31	Black Mountain
2	4, 6, 7	(Date changed) New Date: Saturday December 5	Place changed to Belmont
3	5, 8, 9	Saturday November 21	Jamestown
4	12, 13, 15	Friday November 20	Rocky Mount
5	10, 11, 26	Saturday November 14	Lake Waccamaw
6	14, 16, 17, 18	Friday November 13	New Bern
7	21, 24	Saturday October 17	Santee
8	20, 23	Friday October 16	Camden
9	22, 25, 27	Friday October 30	Greenville/Spartanburg

COST: \$20 PER PERSON DEADLINE: no later than Wednesday one (1) week before the date of the session.
 Email: districtoffice@carolinakiwanis.org FAX: 866-672-5992, or MAIL to: 7378 Junaluska Rd, Boone, NC 28607
Registrants will be emailed directions to the facility as a confirmation FRIDAY one week prior to the event.
 Feel free to complete another copy if more than two are coming from your club!

Club: _____ **Division:** _____

Circle Regional Meeting to attend: 1 2 3 4 5 6 7 8 9

Participant Name _____ Title: _____

Mailing address: _____

Daytime Phone # (Monday – Friday): _____ E-Mail Address: _____

Participant Name _____ Title: _____

Mailing address: _____

Daytime Phone # (Monday – Friday): _____ E-Mail Address: _____

Payment may be made by Visa, Mastercard or Check (made payable to Carolinas District Kiwanis) **TOTAL DUE:** _____

Payment type (please circle one): VISA MASTERCARD CHECK

If paying by VISA or MASTERCARD: Cardholder Name: _____

CC #: _____ Expiration Date: _____ Security Code: _____

Cardholder Billing Address: _____

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

Cardholder Signature: _____

DUE TO CATERING COMMITMENTS, THERE WILL BE NO REFUNDS IF UNABLE TO ATTEND. SUBSTITUTES ACCEPTED.

QUESTIONS: Call 800-739-1827 or email : districtoffice@carolinakiwanis.org