

# ADVISER REGISTRATION FORM

## Alpha Phi the remix

### South Central Regional Leadership Conference

Marriott West Loop-Galleria Houston, Texas February 1-3, 2008

Each adviser attending the conference must fill out a separate registration form (form may be photocopied).

**Please return the completed form by December 15, 2007 to:**

Sherry Wilcher

2918 N. Miller Dr.

Independence, MO 64058-2260

**PLEASE TYPE OR PRINT WITH BLACK INK**

#### REGISTRANT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Name to appear on nametag)

Adviser Position: \_\_\_\_\_

Chapter: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip code)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### REGISTRATION FEES

FULL CONFERENCE REGISTRATION

Includes hotel and all meal functions

Early Bird: \$295 per delegate

Late Fee: \$320 per delegate

\_\_\_\_\_ I would like to meet new people. Please assign me a roommate who is a Chapter Adviser from another chapter. Assignments are based on double occupancy.

\_\_\_\_\_ I would like to room with \_\_\_\_\_

*\*\*\* The Regional Team will make hotel reservations and room assignments. Registration fees are NON-REFUNDABLE.*

**Registrants should plan to arrive between 3-5 pm on Friday and depart after 12 Noon on Sunday**

**WE CAN NOT GUARANTEE YOUR ROOM REQUEST WILL BE GRANTED BUT WE WILL TRY TO FULLFILL THEM.**

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Full payment must be submitted with registration form. Please make check payable to: "Alpha Phi International Fraternity."

#### TRAVEL, MEALS AND HOUSING

Room Preference: \_\_\_\_\_ Smoking \_\_\_\_\_ Non-Smoking  
Special Meal Preference: \_\_\_\_\_ Vegetarian \_\_\_\_\_ No Special Requirements \_\_\_\_\_ Other Requirements  
Handicap Facilities Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No  
How are you traveling? \_\_\_\_\_ Car \_\_\_\_\_ Flight

Arrival Date, Airline, Flight # and Arrival Time: \_\_\_\_\_

Departure Date, Airline, Flight # and Departure Time: \_\_\_\_\_

#### MEDICAL INFORMATION

I hereby authorize Alpha Phi International, Inc. to obtain emergency medical treatment for me during the Regional Conference should the need arise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Tel. #: \_\_\_\_\_

**NOTE: Registration forms must be postmarked by December 15<sup>th</sup> to receive the EARLY BIRD FEE!**