



PNW MID-WINTER CONFERENCE

February 17-19, 2017

Howard Johnson
Yakima, Washington

(9 North 9th Street, Yakima, Wa 98901)

REGISTRATION FOR ONE TEAM MEMBER AND GUEST

Name(s) of Person(s) attending: _____ Title (div.) _____

If not attending, check here and return form to the District Office.

TEAM MEMBER REGISTRATION\$115.00 US/CAN (CANADIAN AT PAR)
(Officers, Lt. Governors, Lt. Governor-Elects, District Chairs, Past Governors & Members)

Please check meals you will attend:

- Friday Dinner (Included with Team Member registration)
- Saturday Breakfast (Included with Team Member registration)
- Saturday Lunch (Included with Team Member registration)
- Saturday Dinner (Included with Team Member registration)
- Sunday Breakfast (Included with Team Member registration)

PARTNER OR GUEST REGISTRATION.....\$15.00

Please check meals you will attend:

- | | | |
|---|---------|----------|
| <input type="checkbox"/> Friday Dinner | \$32.00 | \$ _____ |
| <input type="checkbox"/> Saturday Breakfast | \$20.00 | \$ _____ |
| <input type="checkbox"/> Saturday Lunch | \$25.00 | \$ _____ |
| <input type="checkbox"/> Saturday Dinner | \$42.00 | \$ _____ |
| <input type="checkbox"/> Sunday Breakfast | \$20.00 | \$ _____ |

Please let the District Office know of any special dietary needs.

GRAND TOTAL \$ _____

NOTE: Because meals must be ordered before the beginning of the conference, meal tickets WILL NOT be sold at the door.

ACCOMMODATIONS

Room Cut-off date is February 2, 2017

Rooms must be booked directly through the Howard Johnson
(Mention PNW District Kiwanis): 509-452-6511

Arrival Date _____ Departure Date _____

**SEND REGISTRATION
TO DISTRICT OFFICE
BY FEBRUARY 8, 2017
CALL HOWARD JOHNSON
FOR LODGING
BY FEBRUARY 2, 2017**

Return to District Office: 5427 Glen Echo Ave., Gladstone, OR 97027-2627.
Questions? Call (503) 305-7635. To fax your registrations: (503) 305-8303.

METHOD OF PAYMENT

NOTE:
Registrations paid by credit card will use US dollar fee amounts.

Visa Credit Card No.:

MC Billing Zipcode _____ Exp. Date ____/____ CVC# _____

Check: No _____ Signature _____