

### Attachment #3 – Conference Registration Form

Date received by Treasurer \_\_\_\_\_

This form must be completed and mailed to **Dick Strombotne, Treasurer, 310 High Gables Dr, Apt 205, Gaithersburg, MD 20878-7424, by April 6, 2019**, showing all Conference registrants from a chapter. Checks/Money Orders must be made payable to *Maryland Federation of NARFE*. See instructions in Call letter.

A *prepaid registration fee* of \$50 per person will be assessed to partially cover the cost of the two luncheons (Monday and Tuesday) and the registration handouts. Payment of the Registration Fee after the deadline will be \$55. List all attendees in the form below, following these instructions and **PLEASE PRINT** all information. Note examples in parentheses. *\*Full name will also be shown on name badge. Put additional names on a separate sheet.*

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| <ol style="list-style-type: none"> <li>1. Chapter President - Show <b>H</b> after name</li> <li>2. Alternate - Show <b>A</b> after name</li> <li>3. Members - If none of the above, show <b>M</b> after name.</li> </ol> | <ol style="list-style-type: none"> <li>4. Guests of members - Show <b>G</b> after name.</li> <li>5. Federation Board members, Officers, Chairmen, and Past Federation Presidents - show <b>F</b> after name</li> <li>6. Visitors from other NARFE organizations - Show <b>V</b> after name.</li> </ol> |
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Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Chapter Number and Name: \_\_\_\_\_

Leave Blank	LAST NAME* Examples in <i>Italics</i> ( <i>Jones</i> )	FIRST NAME* ( <i>Michael</i> )	NAME FOR BADGE* ( <i>Mike</i> )	DESIGNATION ( <i>H</i> )	OFFICE/Chapter or Federation ( <i>President</i> )