

SPECIAL FORM TO BE USED FOR GUESTS ONLY

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

CHI STATE CONVENTION

April 30- May 2, 2010

**Fresno Radisson Hotel & Conference Center
2233 Ventura Street, Fresno, CA 93721 (559) 268-1000**

Please use a separate registration form for each participant

PLEASE PRINT

LAST NAME _____ FIRST NAME _____
DATE _____ PREFERRED NAME FOR BADGE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (____) _____ CHAPTER _____ AREA _____
E-MAIL _____

Please mark the meal functions you wish to attend.

MEALS (must be ordered by April 15)

Luncheon	Saturday, May 1, 2010	\$24.00	_____
Banquet (Dressy attire suggested)	Saturday, May 1, 2010	\$38.00	_____
Breakfast	Sunday, May 2, 2010	\$22.00	_____

Total Enclosed \$ _____

NO REFUNDS AFTER APRIL 15, 2010

Please specify SPECIAL NEEDS at meals: dietary restrictions, wheelchair access, and other needs:

**Please make checks payable to: DELTA KAPPA GAMMA – CHI STATE CONVENTION 2010
Complete registration by returning this form and your check to the Convention Treasurer:**

**Trudi Sigmon
1600 Irene Avenue
Modesto, CA 95355
1-209-524-5444**

Email: t.sigmon17@sbcglobal.net

Before mailing please copy this registration and your check for your confirmation records.

Do not include funds for hotel reservations.

Book Hotel Reservations by April 9th,

Phone Reservations: Radisson Reservations: 1-800-395-7046

Fresno Reservation Department: 1-559-268-1000

Mention: Delta Kappa Gamma for the group rate discount.