Year End Convention 2018 / LOTS 2019

Hosted by The Region V Jaycees February 8 2019 – February 10 2019

Decatur Conference Center and Hotel - US HWY 36, Decatur IL 62522

	Please Type or Print	t Clearly. A Maxin	num of Four Regist	trations per form.				
Chapter Name:		Region:						
1) Jaycee Name:		Contact Person Name:						
2) Jaycee Name:			Contact Phone:					
3) Jaycee Name:			Contact Person email:					
4) Jaycee Name:			Register for competitions at www.iljaycees.org					
Room Reservations are to be made through the host only								
Rooms will be reserved for BOTH NIGHTS, unless specified. Late arrival is guaranteed.								
Room Rates: \$135.66 Business Class (inclusive)								
	Available after 3:00 pm on the date of check in.							
A minimum	of <u>ONE FULL RI</u>	EGISTRATION	<u>l</u> is required f	or each room reserved.				
All Room Reservati	ons must be m	nade throug	ah the host i	and require one night deposit				
All Room Reservations must be made through the host and require one night deposit. This includes all state officers - all other reservations will be cancelled! —								
	<u>Th</u>	ere are no	Exceptions.					
I	Request:	King/Que	en	2 Doubles				
One Room Reservation per form – Special Requests will be processed based on availability								
I will need a r	I will need a room on Friday, 02/08 & Saturday, 002/09Yes No							
Thursday 02/07	nursday 02/07 Friday 02/08 Only Saturday 02/09 Only							
Register Room in the following name(s):								
				ration Chair absolutely NO LATER THAN ED TO PAY FRIDAY NIGHT'S ROOM!				
Registrations								
Full Registration Cash/Check Discount Late Fee after 1/24, 5pm	<u>Costs</u> \$ 65.00 \$ -5.00 \$ 10.00	Quantity	**Totals	Mail Registrations/Payment Sandi Harpstrite 504 N. Main St. Trenton, IL 62293				
Room Deposit	\$135.66/ea			email: yearendga@gmail.com				
Partials Saturday Lunch Saturday Banquet Late Fee after 1/24, 5pm Total Payment Due	\$ 25.00 \$ 40.00 \$ 10.00		\$	618-530-0285 Deadline to cancel Meal Tickets is 02/04/2019				
				- SEND NO CASH				
Method of Payment: Chec Master Card: Visa:	ck / Money Orde Name of (Zip Code_				

Card Number:	3 digit code:	Expiration Date: