

# Kiwanis Texas-Oklahoma District Convention Registration Form

August 5-8, 2010

## How to Register

ONLINE or EMAIL to [KCarnohanCPA@aol.com](mailto:KCarnohanCPA@aol.com) or FAX to 325-673-1341

MAIL Completed Registration Form with check or credit card payment to: **Kristen Carnohan, CPA**  
**333 Stallion Road**  
**Abilene TX 79606**

## Registration Information (please type or print clearly)

Kiwanian \_\_\_\_\_  
 Spouse/Guest \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail address \_\_\_\_\_  
 Youth Name \_\_\_\_\_ Age \_\_\_\_\_  
 Youth Name \_\_\_\_\_ Age \_\_\_\_\_  
 Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Kiwanis Club Name \_\_\_\_\_ Division # \_\_\_\_\_  
 Current Office \_\_\_\_\_

**I am a (please check all that apply):**

Past Governor Yes / No Past Lt. Governor Yes / No  
 International Life Member Yes / No T-O Life Member Yes / No  
 Is this your first T-O District Convention? Yes / No

## Fees

Please check one:	Number of Tickets		Cost		
_____ Kiwanian (postmarked by July 1)	_____	x	\$45.00	=	\$ _____
_____ Kiwanian (postmarked after July 1)	_____	x	\$60.00	=	\$ _____
_____ 100% Registration (paid by club)	_____	x	\$10.00/mbr	=	\$ _____

*No registration fee for spouse or youth*

**Thursday** Morning Golf Tournament \_\_\_\_\_ x \$65.00 = \$ \_\_\_\_\_

### Friday

Prayer Breakfast	_____	x	\$12.00	=	\$ _____
Kiwanis Luncheon	_____	x	\$12.00	=	\$ _____
Family Fun Night	_____	x	\$15.00	=	\$ _____
Youth Meals for Family Night	_____	x	\$0.00	=	\$ _____

### Saturday

Past LT. Governors Breakfast	_____	x	\$12.00	=	\$ _____
Kiwanis Luncheon	_____	x	\$12.00	=	\$ _____
Governor's Banquet	_____	x	\$18.00	=	\$ _____

**TOTAL FEES**

\$

## PAYMENT

Please check one:

\_\_\_\_\_ Enclosed is a check payable to : **Abilene Kiwanis Convention**  
(please include registrant's name on check)

Charge total fees to the following credit card:

\_\_\_\_\_ MasterCard      \_\_\_\_\_ VISA      \_\_\_\_\_ Discover

Card number: \_\_\_\_\_ Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name (as appears on card--please print): \_\_\_\_\_

Cardholder billing address (city, state, zip): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hotel Information

The following hotels are participating in special rates for the convention and transportation will be provided to the Civic Center

MCM ELEGANTE	(888) 897-9644 (325) 698-1234	\$109
HAMPTON INN	(325) 695-0044	\$96
COURTYARD BY MARRIOTT	(325) 695-9600	\$94
HILTON GARDEN INN	(325) 690-6432	\$109
FAIRFIELD INN	(325) 695-2448	\$79