

EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

SOUTHWESTERN USA LIEUTENANCY
2017 ANNUAL MEETING AND INVESTITURE REGISTRATION
OKLAHOMA CITY, OK - OCTOBER 20-23

Please return this form by September 1st to receive the Early Bird Discount:

Name: _____

Member/Nonmember Spouse Name: _____

Address: _____

City, St. Zip: _____

Diocese: _____

If Non-Member Spouse is attending, please write in name: _____

Preferred phone numbers: _____

Email 1: _____ Email 2: _____

Name you prefer on badge: _____
Spouse preferred name: _____

REGISTRATION

	<u>Number of persons</u>	<u>Amount</u>
Early Bird Registration: (Deadline Aug 31 st) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 495.00	\$ _____
Regular Registration: (Received Sept. 1 st – 30 th) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 520.00	\$ _____
Late Registration: (Received after Sept. 30 th) Investee(s), Member(s), & Non-Member Spouse	_____ X \$ 540.00	\$ _____
Guest Meal Total: (complete guest meals on page 2 and enter amount here)		\$ _____
Friday Night Event: (optional) (see flyer for details) <i>Limited to the first 400 registrants</i>	_____ X \$ 65.00	\$ _____
Saturday Morning Event: (optional) (see flyer for details) Servant of God, Fr. Stanley Rother Presentation by Bishop Anthony Taylor, KC*HS	_____ No Charge	

Registration Cancellation Policy:

30+ days prior to event: refund of registration fee minus \$100

7-29 days prior to event: refund of registration fee minus \$200

No refund for cancellations made after October 13th

TOTAL ENCLOSED: \$ _____

Return to: EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

2001 Kirby Drive, Suite 902, Houston, Texas 77019

Phone: (713) 524-5444 Fax: (713) 524-5333

MEMBER, INVESTEES, & NON-MEMBER SPOUSE MEALS

Meals are included in your registration fee

For planning purposes please indicate the meals you will be attending

<u>Event</u>	<u># of Persons</u>	<u>Event</u>	<u># of Persons</u>
Saturday Breakfast	_____	Sunday Breakfast	_____
Saturday Lunch	_____	Sunday Lunch	_____
Saturday Dinner	_____	*Sunday Dinner	_____

**Sunday Night dinner is for Investees, Members & Non-Member Spouses only.*

GUEST MEALS

If you have a guest(s) who will be attending the Annual Meeting, please complete the following:

<u>Event</u>	<u>Number of Guests</u>		<u>Total Amount</u>
Saturday Breakfast	_____	X \$ 48.00	\$ _____
Saturday Lunch	_____	X \$ 52.00	\$ _____
Saturday Dinner	_____	X \$160.00	\$ _____
Sunday Breakfast	_____	X \$ 48.00	\$ _____
Sunday Lunch	_____	X \$ 52.00	\$ _____

Sunday dinner is for Investees, Members & Non-Member Spouses only.

****Please note that guest fees are available for non-members only. Members, Investees, and Non-Member Spouses must be registered for the entire Investiture.**

Guest Meal Grand Total \$ _____
(Transfer this amount to Page 1)

Each guest must have a name badge. Please enter the preferred name for each guest. (First and Last Name).

1. _____ 2. _____
3. _____ 4. _____

SPECIAL DIETARY MEALS: (please state any special dietary needs for investees, members/spouses and guests by name) _____

ADA: (please list any mobility issues by name) _____

**** Hotel Reservations are not included in the Registration Fee ****