

EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

SOUTHWESTERN USA LIEUTENANCY
2026 ANNUAL MEETING AND INVESTITURE REGISTRATION
OCTOBER 16 - 19, 2026 ~ TULSA, OKLAHOMA

Name: _____

Member/Nonmember Spouse Name: _____

Address: _____

City, St. Zip: _____

Diocese: _____

Preferred phone numbers: _____

Email 1: _____ Email 2: _____

Name you prefer on badge: _____

Spouse preferred name: _____

REGISTRATION

	<u>Number of persons</u>	<u>Amount</u>
<u>Regular Registration:</u> (Deadline September 1 st) Investee(s), Member(s), & Non-Member Spouse	_____ X \$775.00	\$ _____
<u>Late Registration:</u> (Deadline September 15 th) Investee(s), Member(s), & Non-Member Spouse	_____ X \$825.00	\$ _____
<u>Guest Meal Total:</u> (complete guest meals on page 2 and enter amount here)		\$ _____
<u>Friday Night Event: (optional)</u> <i>Limited to the first 225 registrants</i>	_____ X \$125.00	\$ _____

Entrée Choices: # _____ Salmon # _____ Short Ribs

Registration Cancellation Policy:

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

9-30 days prior to event: refund of registration fee minus \$200

No refund for cancellations made after October 8th

TOTAL ENCLOSED: \$ _____

* Clergy attending is reminded to submit a "Testimonial of Suitability for "Visiting Clergy" *

The link to register online: <https://eohssouthwest.com/online/members>

Return to: EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

2001 Kirby Drive, Suite 902, Houston, Texas 77019

Telephone: (713) 524-5444

MEMBER, INVESTEEES, & 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 \$ 33.00	\$ _____
Saturday Lunch	_____	X \$ 38.00	\$ _____
Saturday Dinner	_____	X \$ 42.00	\$ _____
Sunday Breakfast	_____	X \$ 33.00	\$ _____
Sunday Lunch	_____	X \$ 32.00	\$ _____

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 list any special dietary needs by name)

Gluten Free Host: _____

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

HOTEL RESERVATIONS ARE NOT INCLUDED IN THE REGISTRATION FEE
HOTEL ROOM BLOCK INFORMATION IS ON THE EOHSJ SW WEBSITE