

# The 53<sup>rd</sup> Annual Georgia District Circle K International Convention

February 24– 26, 2012 • Columbus, Georgia

- READ THESE INSTRUCTIONS before completing this form!** Use one registration form per attendee and please print clearly.
- The registration deadline is Tuesday, January 31, 2011. A completed registration packet will include this form, the medical form, and full payment. Medical forms are not required for Kiwanians and other guests only Circle K Members.** Full payment must be made by the registration deadline or you will be subject to a **\$25 late fee and are not guaranteed a conference T-shirt.** Registration fees, which include two nights' lodging, two meals, meeting space, workshop materials, and other convention activities and materials.
- Cancellation requests must be made in writing or you will not receive a refund.* Cancellations made prior to Tuesday, January 31, 2011 will be refunded in full. There will be a **\$25 deduction per registration for cancellations made between January 31 and February 6, 2011.** There will be a **\$50 deduction per registration for cancellations made between February 6 and February 10, 2011.** Cancellation requests postmarked on or after February 10, 2011 will not be honored. **Registrations placed after February 10, 2011 are not guaranteed. Contact Assistant Administrator Anla Etheridge to check for availability. You must contact Assistant Administrator Anla Etheridge DIRECTLY if registration is mailed late. Registrations after February 10, 2011 are subject to a \$25 late fee.**
- All attendees will be housed in double rooms with four to a room, unless otherwise requested and the appropriate payments made. Please list your preferred roommates where indicated below (do not list yourself). If you do not list any roommates, they will be assigned to you. Registrants are responsible for paying all incidental charges incurred excluding the room's base cost, which is included in your registration fee. **Anla Etheridge MUST be informed of any substitutions by February 16, 2011 should any club have a registration substitution. Registration substitutions submitted after February 16, 2011 are not guaranteed. Contact Assistant Administrator Anla Etheridge to check for availability. You must check for availability prior to arrival. It is preferred that substitutions be of the same gender as original registrant.**
- We accept personal/school checks, money orders, and credit cards as payment. If paying with Credit card please see attached credit card form. **Make checks payable to the Georgia District of Circle K Conferences and Conventions (GA CKI Con-Con). Mail Payment with this completed form to DCON 2012 C/O Anla Etheridge 885 Navajo Trail Covington, GA 30016. All requests concerning tax and vendor forms or payment directly from a school must be made prior to the deadline by contacting assistant administrator Anla Etheridge or they will be subject to the late fee.**
- If you have any questions please contact Assistant Administrator Anla Etheridge at (678) (82-3118 or by email at butterflyanla6318@gmail.com or contact DCON Chair Ashleey Davis at (478)-808-8532 or by email at doublee63@yahoo.com
- NO EMAIL REGISTRATIONS WILL BE ACCEPTED!**

## Registration fees for this event are as follows (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Quad (4 per room/two nights) \$160 per person   | <input type="checkbox"/> Triple (3 per room/two nights) \$190 per person |
| <input type="checkbox"/> Double (2 per room/two nights) \$235 per person | <input type="checkbox"/> Single (1 per room/two nights) \$360 per person |

## Check all boxes that apply to you:

- |  |                                      |   |                                    |  |
|--|--------------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Male          | <input type="checkbox"/> Circle K'er | <input type="checkbox"/> Kiwanis Advisor      | <input type="checkbox"/> Freshman  | <input type="checkbox"/> Graduate Student                |
| <input type="checkbox"/> Female        | <input type="checkbox"/> Kiwanian    | <input type="checkbox"/> Faculty Advisor      | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Expected Graduation Date: _____ |
| <input type="checkbox"/> CWL           | <input type="checkbox"/> K-Family    | <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> Junior    |  |
| <input type="checkbox"/> Circle K Alum | <input type="checkbox"/> Guest       |   | <input type="checkbox"/> Senior    |  |

- Check this box only if you do **NOT** want your address, phone number and e-mail address included on the Georgia Circle K District Convention Friends and Family list which will be published after the convention.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Office Held (if applicable): \_\_\_\_\_

Circle K Club: \_\_\_\_\_

Roommate #1: \_\_\_\_\_ Roommate #3: \_\_\_\_\_

Roommate #2: \_\_\_\_\_

## T-shirt Size: Check the box next to the size you want

- |                                |                                 |                                |                                  |                                   |                                   |
|--------------------------------|---------------------------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | <input type="checkbox"/> X-Large | <input type="checkbox"/> 2X-Large | <input type="checkbox"/> 3X-Large |
|--------------------------------|---------------------------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|

Do you have any special meal requirements? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain: \_\_\_\_\_

# Medical Information Form

Please type or print legibly. A completed medical information form is required for all Circle K Members attending Georgia District Circle K events and is to be turned in at the convention registration desk. Please keep one copy of this form with you at all times during the convention.

**Registrant's Name:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Person to be contacted in case of emergency:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Alternate Contact:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address/City/State/ZIP:** \_\_\_\_\_

**Name of Health Insurance Co.:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

List any other pertinent information shown on insurance card: \_\_\_\_\_

List any medication you will be taking during the convention: \_\_\_\_\_

**Please Circle Yes or No to the following items:**

1. Have you ever been treated for: (If currently being treated, please indicate)

- |                            |                            |                          |                            |                            |                                   |
|----------------------------|----------------------------|--------------------------|----------------------------|----------------------------|-----------------------------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Nervousness?             | <input type="checkbox"/> Y | <input type="checkbox"/> N | High Blood Pressure?              |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Any Mental Disorder?     | <input type="checkbox"/> Y | <input type="checkbox"/> N | Severe or Frequent Headaches?     |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Convulsions or Epilepsy? | <input type="checkbox"/> Y | <input type="checkbox"/> N | Asthma?                           |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Fainting Spells?         | <input type="checkbox"/> Y | <input type="checkbox"/> N | Ulcers?                           |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Heart Condition?         | <input type="checkbox"/> Y | <input type="checkbox"/> N | Diabetics?                        |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Rheumatic Fever?         | <input type="checkbox"/> Y | <input type="checkbox"/> N | Allergic Reaction to Medication?  |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Cancer or Tumor?         | <input type="checkbox"/> Y | <input type="checkbox"/> N | Any other allergies or illnesses? |

2. Please give details to "yes" answers to any of the questions above. Give dates of treatment, and names and addresses of attending physicians, hospitals and clinics. (Use additional sheets if necessary.) \_\_\_\_\_

3. Do you have any other physical limitations? \_\_\_\_\_

4. Do you have a disability requiring special arrangements? Yes  No  If yes, what special arrangements do you require? \_\_\_\_\_

**Please Read Carefully:** I hereby certify that the information given above is correct. In case of medical emergency, I understand every effort will be made to contact the person designated above. In the event that person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia or surgery. (If you are under the age of 18, your parent or legal guardian must sign this form.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Georgia District Circle K International Convention Credit Card Authorization Form

February 24-26, 2012 • Double Tree Hotel • Columbus GA, Georgia

1. **READ THESE INSTRUCTIONS before completing this form!** PLEASE PRINT LEGIBLY!
2. Use one credit card form per attendee unless you are paying for a group of registrations with one credit card. The list of your attendees covered by this credit card must be listed in your registration packet. Be sure to carefully read these instructions.
3. A completed registration packet will include a registration form, medical form (if a non-Kiwanian attendee), and **full** payment. This form must be included if paying with a credit card. Full payment must be made by the registration deadline or you will be subject to a **\$25** late fee.
4. **All Applicable polices on the registration form accompanving this Credit Card authorization form must be followed.**
5. Any Credit card payments will be processed as received prior to the convention. **If your card is declined you will be notified and an opportunity will be given to provide information to ensure your credit card information is accurate. If after the second time the card is declined again, you will be asked to pay by check and you will have to pay the late fee of \$25.**
6. The Georgia District of Circle K will accept Visa or Master Card Debit. In addition we will accept Visa, Master Card, American Express, and Discover Credit Cards.
7. If you have any questions, please call Assistant Administrator Anla Etheridge at (678) 982-3118 or District Administrator Brent Leslie at (478)-319-0982.
8. **If you wish to fax this credit card authorization to the GA Kiwanis district office you may do so at (478)-474-3647!** If you choose to fax this information, a note must be attached to your registration form that you have done so. If it is determined that the credit card authorization form was not received by the applicable deadlines you will be subject to a **\$25** late fee.

## Registration fees for this event are as follows (check one and indicate how many of each rate are being charged):

- Quad \$160 per person and # of Quads charged \_\_\_\_\_
- Triple \$190 per person and # of Triples charged \_\_\_\_\_
- Double \$235per person and # of Doubles \_\_\_\_\_
- Single \$360 per person and # of Singles Charged \_\_\_\_\_

## What type of card are you using?

- Visa       Master Card       American Express       Discover       Master Card Debit
- Visa Debit

Name as printed on Card: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Credit Card CV Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

# of registrants to charge on this card: \_\_\_\_\_

Total to be charged to Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

By signing and dating this form I am authorizing the Georgia District of Circle K to charge or Debit my account in the above amount. I have read and understand the registration requirements found on this form and the Convention Registration form.

Signature \_\_\_\_\_

Date: \_\_\_\_\_