

EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM
SOUTHWESTERN USA LIEUTENANCY
2022 ANNUAL MEETING AND INVESTITURE REGISTRATION

September 16th – 19th Houston, Texas

Please return this form by August 15th to receive the Early Bird Discount:

Name: _____

Spouse Name: _____ Member _____ Non-member _____

Address: _____

City, State, 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>Early Bird Registration:</u> (Deadline August 15th) Investee(s), Member(s), & Non-Member Spouse	_____ X	\$ 600.00 _____
<u>Regular Registration:</u> (Received Aug. 16 st -31 st) Investee(s), Member(s), & Non-Member Spouse	_____ X	\$ 650.00 _____
<u>Late Registration:</u> (Received after August 31 st) Investee(s), Member(s), & Non-Member Spouse	_____ X	\$ 695.00 _____
<u>Guest Meal Total:</u> (complete guest meals on page 2 and enter amount here)		\$ _____
<u>Saturday Morning</u> Tour of Our Lady of Walsingham Free Admission	_____	
	TOTAL ENCLOSED:	\$ _____

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 September 5, 2022

Return to: EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

2001 Kirby Drive, Suite 902, Houston, Texas 77019

Phone: (713) 524-5444 Email: Cindy Rogan: Cindy@eohssouthwest.com

MEMBER, INVESTEES, & NON-MEMBER SPOUSE MEALS

Meals are included in the 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

Guest meal fees apply to non-members only. Members, Investees, and Non-Member Spouses must pay full registration fees.

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 \$ 60.00	\$ _____
Saturday Dinner	_____	X \$105.00	\$ _____
Sunday Breakfast	_____	X \$ 48.00	\$ _____
Sunday Lunch	_____	X \$ 60.00	\$ _____

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

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).

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| 1. | 2. |
| 3. | 4. |

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

Name _____	Dietary Need _____
Name _____	Dietary Need _____
Name _____	Dietary Need _____

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

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