

EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

SOUTHWESTERN USA LIEUTENANCY
2018 ANNUAL MEETING AND INVESTITURE REGISTRATION
SAN ANTONIO, TX - OCTOBER 26-29, 2018

Please return this form by August 31st to receive the Early Bird Discount:

Name: _____

Member/Nonmember Spouse Name: _____

Address: _____

City, State, 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: _____

**REGISTR
ATION**

Early Bird

Registration: (Deadline Aug 31st) _____ X \$ 550.00 \$ _____
Investee(s), Member(s), & Non-Member Spouse

Regular Registration: (Received Sept. 1st – 30th) _____ X \$ 575.00 \$ _____
Investee(s), Member(s), & Non-Member Spouse

Late Registration: (Received after Sept. 30th) _____ X \$ 595.00 \$ _____
Investee(s), Member(s), & Non-Member Spouse

Guest Meal Total: (complete guest meals on page 2 and enter amount here) \$ _____

Friday Night Event: (optional) (see flyer for details) _____ X \$ 85.00 \$ _____
Limited to the first 250 registrants

Saturday Morning Event: (optional)
The Old Franciscan Missions of San Antonio
Presentation by Dr. Felix Almaraz, KGCHS _____ **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 \$ 42.00	\$ _____
Saturday Lunch	_____	X \$ 48.00	\$ _____
Saturday Dinner	_____	X \$105.00	\$ _____
Sunday Breakfast	_____	X \$ 42.00	\$ _____
Sunday Lunch	_____	X \$ 48.00	\$ _____

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 ****