



**Rotary District 7500
2011 District Conference
April 29 – May 1, 2011
The Inn @ Pocono Manor**



Rotarian Information - Please Print or Type

Club Name: _____
 Rotarian Name: _____
 Nickname: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____ Business: _____
 Cell Phone: _____
 E-Mail Address: _____

Others Attending (indicate if Rotarian)

Partner Guest Rotarian from: _____

Name: _____

Nickname: _____

Children's Name(s): _____

Check all that apply as of July 1, 2010

You	Partner/Guest
<input type="checkbox"/> Club President	<input type="checkbox"/> Club President
<input type="checkbox"/> Club President Elect	<input type="checkbox"/> Club President Elect
<input type="checkbox"/> Club Vice President	<input type="checkbox"/> Club Vice President
<input type="checkbox"/> Club Secretary	<input type="checkbox"/> Club Secretary
<input type="checkbox"/> Club Treasurer	<input type="checkbox"/> Club Treasurer
<input type="checkbox"/> Club Committee Chair	<input type="checkbox"/> Club Committee Chair
<input type="checkbox"/> Club Past President	<input type="checkbox"/> Club Past President
<input type="checkbox"/> Area (Assistant) Governor	<input type="checkbox"/> Area (Assistant) Governor
<input type="checkbox"/> Past District Governor	<input type="checkbox"/> Past District Governor
<input type="checkbox"/> District Staff	<input type="checkbox"/> District Staff
<input type="checkbox"/> Paul Harris Fellow	<input type="checkbox"/> Paul Harris Fellow
<input type="checkbox"/> Paul Harris Society	<input type="checkbox"/> Paul Harris Society
<input type="checkbox"/> GSE Team Member	<input type="checkbox"/> GSE Team Member
<input type="checkbox"/> First Time Attendee	<input type="checkbox"/> First Time Attendee
<input type="checkbox"/> Benefactor	<input type="checkbox"/> Benefactor
<input type="checkbox"/> Major Donor	<input type="checkbox"/> Major Donor
<input type="checkbox"/> Other -	<input type="checkbox"/> Other -

Cancellation Policy: \$50 per person, Cancellation within 7 days prior to arrival is \$300. Alternate individuals may be substituted.

Conference Prices

2 Occupants: \$695 \$ _____

Single Occupant: \$560 \$ _____

Children in Room: (per night/including food)
 Ages: Under 5 Free; 6-12 \$59; 13-17 \$69 \$ _____

Thursday Night: (Incl. Dinner/Thurs. & Bkfst/Fri.)
 Single-\$133/Double-\$123/Triple-\$113/Quad-\$103 \$ _____

Children: (Incl. Dinner/Thurs. & Bkfst/Fri.)
 Ages: Under 5 Free; 6-12 \$43; 13-17 \$63 \$ _____

Hospitality Suite: \$250 \$ _____

Total Conference Cost: \$ _____

Deposit:

\$50 Early Registration will hold room
 \$250 Deposit due by December 1, 2010 \$ _____

Balance Due: February 10, 2011 \$ _____

-All hotel rooms are non smoking-

Special Needs: Please indicate if you have physical, dietary or other special needs. We will do our best to accommodate you.

My need is: _____

Total number of Occupants in Room: _____

Make Checks Payable to: Rotary District 7500 Conference

Mail to: Rotary District 7500 Conference
 PO Box 8444
 Red Bank, NJ 07701

For your convenience, we accept Visa and MasterCard



Name on Card: _____

Card Billing Address: _____

Card Number: _____

Expiration Date: (m/y) ___/___ Verification Code _____

Please Charge my Credit Card: (circle) \$50 \$250 Full amount

Would you like us to bill the balance to this credit card on 2/10/11?

Yes No Please contact me first

Signature of Card Holder: _____