

July 10-12, 2009

PLEASE PRINT LEGIBLY!

Deadline: June 3, 2009

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

ORGANIZATION: _____

HIGHEST TITLE FOR INTRODUCTIONS: _____

MOTHER ADVISOR/CONTACT PERSON: _____

CONTACT PERSON INFO: PHONE() EMAIL: _____

() ACTIVE RAINBOW GIRL () AFFILIATED ADULTS () OTHER _____

IF ATTENDING THE ENTIRE WEEKEND FILL IN SECTION (A) AND SECTION (D). IF ATTENDING THURSDAY FILL IN SECTION (B), IF ATTENDING PART OF THE WEEKEND FILL IN SECTION (C).

SECTION A

THE FOLLOWING PLANS INCLUDE HOTEL FOR FRIDAY AND SATURDAY AND ALL MEALS
PLAN PRICES ARE BASED ON THE NUMBER OF PERSONS IN ROOM.
PLEASE CHECK ONE OF THE FOLLOWING:

- PLAN A (1 PERSON PER ROOM) \$314.00 pp
- PLAN B (2 PERSONS PER ROOM) \$198.00 pp
- PLAN C (3 PERSONS PER ROOM) \$160.00 pp
- PLAN D (4 PERSONS PER ROOM) \$140.00 pp

ENTER COST OF PLAN: \$ _____

SECTION B

THURSDAY NIGHT ACCOMODATIONS AVAILABLE FOR GRAND OFFICERS
AND OUT-OF-STATE VISITORS. PLEASE CHECK ONE OF THE BOXES BELOW:

- ONE PERSON PER ROOM \$116.00 pp
- TWO PERSONS PER ROOM \$58.00 pp
- THREE PERSONS PER ROOM \$38.70 pp
- FOUR PERSONS PER ROOM \$29.00 pp

ENTER COST OF ROOM OPTION: \$ _____

SECTION C

INDIVIDUALIZED PLAN (IF STAYING THURSDAY USE ABOVE)

- REGISTRATION \$10.00 _____
- HOTEL FRIDAY (PRICES SAME AS THURSDAY) _____
- HOTEL SATURDAY (PRICES SAME AS THURSDAY) _____
- BREAKFAST SATURDAY \$16.00 _____
- BREAKFAST SUNDAY \$16.00 _____
- SATURDAY LUNCHEON \$17.00 _____
- BANQUET \$23.00 _____

Banquet Choices: () Chicken Parm w/Penne () Tricolor Tortellini with Marinara
() Sirloin Steak () Rolled Up Vegetarian Lasagna

PLEASE INDICATE SPECIAL MEAL NEEDS ie. VEGETARIAN, DIABETIC, ETC.

SECTION D

FRIDAY NIGHT BAG LUNCH \$8.00 _____
NOTE: BAG LUNCH NOT PROVIDED BY HOTEL
PLEASE PICK UP IN THE NEWPORT ROOM
 Pizza Party FRIDAY (ADULTS) \$8.00 \$9.00 _____
FREE for RAINBOW GIRLS
(PLEASE INDICATE IF YOU PLAN TO ATTEND)
TOTAL COST (ADD FRONT PAGE) \$ _____

CREDITS

ASSEMBLY ADS (GET THIS AMOUNT FROM YOUR MOTHER ADVISOR): \$ _____
INDIVIDUAL CREDITS (ATTACH CERTIFICATES): \$ _____
DIGNITARIES CREDITS (ONLY USE SECTION THAT APPLIES):
SUPREME OFFICERS, INSPECTORS, AND DEPUTIES: \$50.00 \$ _____
GRAND WORTHY ADVISORS & GRAND REPS. OF R. I. \$35.00 \$ _____
TOTAL CREDITS: \$ _____
Add LATE FEE of \$10.00 for reservations received after June 3, 2009 \$ _____

GRAND TOTAL: \$ _____
(TOTAL COST LESS TOTAL CREDITS PLUS LATE FEE)

PLEASE PAY FOR THE EXACT NUMBER LISTED, ADJUSTMENTS MAY BE MADE LATER.
ROOMATES:

1 ST _____
2 ND _____
3 RD _____

Make check payable in U.S. Funds to R. I. GRAND ASSEMBLY and send the completed registration form together with the Medical/Insurance/Permission form to:

Mrs. Tamra Ringeling, Grand Deputy
75 East Street
West Warwick, R. I. 02893
401-823-7728
e-mail: ttringeling@verizon.net

NOTE: ONE CHECK PER ASSEMBLY ON ASSEMBLY CHECK