

**Delta Kappa Gamma**

**Society International**

Alpha Rho

State Convention

May 3-5, 2013



**Red Lion Hotel on the River**

909 N. Hayden Island Dr.  
(Jantzen Beach)  
Portland, Oregon, 97217  
503-283-4466

**Print name as you wish it to appear on badge.**

Dr. \_\_\_\_\_  
Last name First M.I.  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail address \_\_\_\_\_ Chapter \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

\_\_\_\_ Current Chapter President      \_\_\_\_ State Exec Officer (position) \_\_\_\_\_      \_\_\_\_ became a member in 1963  
\_\_\_\_ Proxy for Chapter President      \_\_\_\_ State Committee Chair (position) \_\_\_\_\_      \_\_\_\_ became a member in 1988  
\_\_\_\_ Past State President      \_\_\_\_ Convention First Timer      \_\_\_\_ new member since 4/1/12  
\_\_\_\_ Plan to sing with **Alpha Rhosies** at the White Rose Ceremony      \_\_\_\_ 1<sup>st</sup> sop. \_\_\_\_ 2<sup>nd</sup> sop. \_\_\_\_ alto

**MEDIA PERMISSION:** Please check all that apply: I give permission for the use of the following in Delta Kappa Gamma, Alpha Rho State Publications and Website: \_\_\_\_ name \_\_\_\_ address \_\_\_\_ mailing address \_\_\_\_ electronic address \_\_\_\_ phone numbers \_\_\_\_ photograph

**CONVENTION REGISTRATION**

**Registration Fee: Required of all Members**

**Early Bird** – Postmarked on or before **April 11, 2013**  
Postmarked after **April 11, 2013**

<b><u>COST</u></b>	<b><u>AMOUNT</u></b>
\$50.00	\$ _____
\$59.00	\$ _____

\*\* Spouses and guests are welcome at all functions.

\*\* Please indicate if you need special accommodations due to mobility, oxygen tank use, hearing, vision, or other such health concerns: \_\_\_\_\_

\*\* Please indicate if you are interested in obtaining **Professional Development Units (PDU's)** for state licensure for the eligible workshops. (Free to registered members.) Yes \_\_\_\_ No \_\_\_\_ (PDU offerings will be listed in the program at convention)

**MEALS**

	<b><u>Cost</u></b>	<b><u>x Quantity</u></b>	<b><u>TOTAL</u></b>
<b>Birthday Scholarship and Awards Luncheon</b>	\$27.00	_____	\$ _____
(Check one) ____ Fire Roasted Vegetable Sandwich      ____ Herb Roasted Turkey Sandwich			
<b>Rose Banquet</b>	\$44.00	_____	\$ _____
(Check one) ____ Hazelnut Crusted Chicken      ____ Grilled Vegetable Tower			
<b>Friendship Breakfast</b>	\$24.00	_____	\$ _____
(Check one) ____ Garden Frittata      ____ Willamette Valley Fresh Scrambled Eggs and Bacon			
<b>Tour of Portland's Transitional School – 2:00 pm Friday</b>	\$5.00 per person - must register & pay here		\$ _____

**Checks made payable to Alpha Rho State Convention 2013**      **TOTAL AMOUNT ENCLOSED**      **\$** \_\_\_\_\_

**Mail registration form and check to:**

registrar: Carol Cushman  
4207 N. Colonial  
Portland, OR 97217  
503-288-3888

**Cancellation policy:** Written requests for cancellation must be received by the registrar not later than April 23, 2013, to receive a refund. No refunds will be made after the cancellation date. Please try to get someone from your chapter to take your place. Hotel accommodations must be cancelled separately by the participant.

**For Reg. Committee only:**

Check # \_\_\_\_\_  
Date of check \_\_\_\_\_  
Date rec'd \_\_\_\_\_

**PLEASE KEEP A COPY FOR YOUR RECORDS**