

IN-STATE PRE-REGISTRATION FORM

“Be A Light” Session April 20, 21, 22, 2023 Hyatt Regency, Wichita

One form per person; postmarked by **March 17, 2023,**

PLEASE DUPLICATE THIS FORM FOR EACH MEMBER ATTENDING.

Title as of April 1, 2023 (mark the box next to your current title and complete the information as necessary)

| | | | | |
|---|-------------------------|--|----------------------|-------------------|
| X | Name | | | |
| | GGCCM | | | |
| | Past Grand Matron | | | Past Grand Patron |
| | Grand Representative of | | | in Kansas |
| | District Aide # | | Gr. Committee Member | |

| | | | |
|----------------------|----|-----------------|-----------|
| Street Address | | Phone: () | |
| City | KS | Zip Code | |
| Primary Chapter Name | | | Chapter # |

| Meal/Event | Date/Time | Price | Meal | 2023 Dues | Total |
|--|--|---------------|------|-----------|-------|
| | | | ✓ | ✓ | |
| Fly with the Butterflies Sub. Secretary/Treasurer Luncheon | 4/20 Noon | \$38.00 | | \$2.00 | |
| Monarch Migration of Friends Pages and Guards Luncheon | 4/20 Noon | \$33.00 | | \$2.00 | |
| Taking Flight All Membership Banquet | 4/20 4:30 | \$62.00 | | --- | |
| Let Your Light Shine Grand Representatives Luncheon | 4/21 Noon | \$38.00 | | \$2.00 | |
| Carry The Light District Aide Banquet | 4/21 4:30 | \$64.00 | | \$2.00 | |
| New, 50-, and 75-Year Members Reception | 4/21 15 mins after close of session | Count Only | | --- | |
| Kaleidoscope FAGO Luncheon | 4/22 Noon | \$38.00 | | \$2.00 | |
| The Milkweed Butterfly Past Grand Matrons and Patrons Banquet | 4/22 4:30 | \$64.00 | | \$15.00 | |

Registration Fee \$20.00

| | |
|--|----|
| No tickets will be available after March 17, 2023 | \$ |
| TOTAL AMOUNT DUE: | |

Make check or money order (U.S. Currency) payable to:

Grand Chapter of Kansas (*do not send cash*)

Mail completed form and payment for the total amount due to:

Grand Chapter of Kansas

P.O. Box 231

Valley Center, KS 67147

| | |
|--------------------|---------------|
| Committee use only | |
| Received _____ | Check # _____ |
| Processed _____ | Amt. _____ |

If you require special dietary consideration, please include them on the back of this form.