

Name _____

Name _____
(Full name as you would like for them to appear on your name badge)

Address _____

City/State/Zip Code _____

Phone _____ Rose Society _____

EMAIL _____

List any dietary restrictions _____

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CONFERENCE REGISTRATION INCLUDES ALL PROGRAMS AND DISTRICT LUNCHEON

Before March 14th \$40.00 each

Friday & Saturday registration Number attending ____ total \$ _____

After March 14th, \$45.00 each

Friday & Saturday Number attending ____ total \$ _____

Donation (optional) \$5__ \$10__ \$20__ \$25__ Other _____ \$ _____

Total enclosed \$ _____

Please consider a donation for the silent auction

**Contact the Fairfield Inn directly for Reservation by March 15th:
Phone: (217) 540-5454 Discount code: ROSE SOCIETY
Hotel rate: \$118.00 plus taxes and fees**

6:30 pm – Friday Evening informal gathering will be at the Fairfield Inn light snacks and refreshments will be provided. Let us know if you are joining us. Yes__ NO__

Checks payable to: Illinois-Indiana Rose District

Name as it appears on credit card: _____

Credit Card No. _____ Expiration Date _____ Code _____

MAIL REGISTRATION FORM AND CHECK TO:

Sonja Lallemand
10309 Old Highway 13, Murphysboro, IL 62966

Questions?

Contact: Sharon Shipp, District Director

Registering late? Text Sonja 618-203-6657 and bring registration to the meeting.