Registration Form

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_____
.

Conference registration includes all programs and district luncheon

Before September 10th $40.00 each
Friday & Saturday registration Number attending ____ total $_____

After September 10th, $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

Hotel location: Holiday Inn Express, 6296 Cambridge Way, Plainfield, IN 46168
Contact the Holiday Inn Express directly for Reservation by September 4th:
Phone 1-317-839-9000 wait and PUSH #2
Group Discount code: IPA Hotel rate: $135.00 plus taxes and fees

6:00 pm – Friday Evening informal gathering will be at St. Susanna's R. C. church. Pizza supper 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 _____

M ail registration form and check to:
Linda Kimmel
7825 S. Sherman, Indianapolis IN 46237

Questions?
Contact: Sharon Shipp,
District Director

Registering late? Text Linda 317-+03-6016 and bring registration to the meeting.