2019 Rotary District 5890 District Conference

District Governor Carmen Evelyn Guneo

Finding Rotary District 5890 Pirates District Conference

WHEN: Thursday May 2, 2019 through Sunday May 5, 2019

WHERE: OMNI HOTELS & RESORTS
900 North Shoreline Blvd
Corpus Christi, TX 78401



Rotarian's First Name _____ Rotarian's Last Name _____ Nickname _____ Club _____

Guest First Name _____ Guest Last Name _____ Nickname _____ Club _____

Address _____ City _____ State _____ Zip (required) _____

Phone #:_____ Email:_____

☐DG	☐President-Elect	☐Foundation Alumni	☐Current President	☐Major Donor
☐PDG	☐Club Secretary	☐Vocational Training Team	☐Special Guest	☐Rotaract
☐AG	☐Paul Harris Fellow	☐Youth Exchange	☐Current President-Elect	☐Paul Harris Society
☐AGE	☐Benefactor	☐Interact	☐Past Club President	☐Polio Plus Society
☐DGE, DGN, DGND		☐Bequest Society	☐1st Time Attendee	☐Veteran

REGISTRATION FEE — **Number of persons attending**

Conference Registration $279 _____ = $_____

Extra Events will be an additional cost.

Hotel accommodations are NOT included in this fee

Total $_____

PAYMENT INFORMATION:

Register online on District Website or Complete this registration form. Payment MUST accompany form. Registration is complete AFTER payment is received. Register by April 19, 2019. Registration DOES NOT include hotel accomodations.

MAKE CHECK PAYABLE TO:
Rotary District 5890
Attn: Elaine Combs
P.O. Box 148, Hungerford, TX 77448
Checks must have full name of registrant and Club.

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Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

_____

Credit Card Type: ____ Visa ____ Mastercard ___ Discover ____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: $_____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

_____