

Nova Scotia Annual State Convention Registration Form

| | Counc | | Council Name | | | | | | | | | | |
|---------------|---|------------------|-------------------|----------------|--------------|--|--------------|--------------------------|-------|------|---------|----------|----|
| | Council Number | | | Council Ivaine | | | | | | | | | |
| Personal | Name: | | | | | | | | | | | | |
| | Mailing Address (include postal code) | | | | | | | | Email | | | | |
| | | | | | | | | | Phone | | | | |
| | Spouse's Name | | | | | | | Attending Ladies Program | | | | Yes | No |
| <u> </u> | Check appropriate box | | | | | | | | | | | | |
| Delegates | State Officer | | | Offic | Office Title | | | | | | | | |
| ra Sala | 1st Delegate | | Offic | Office Title | | | | | | | | | |
| | 2nd Delegate | | | Offic | Office Title | | | | | | | | |
| Non-delegates | | Program Director | | Offic | Office Title | | | | | | | | |
| | | State Appointee | | Offic | Office Title | | | | | | | | |
| | | Guest | | Offic | Office Title | | | | | | | | |
| | | District Deputy | | Num | Number | | | | | | | | |
| | | Council Chaplain | | | | | | | | | | | |
| Fees | Registration fee does not include banquet tickets | | | | | | S | Important: | | | | | |
| | Registration Fee — | | | | | | | Banquet tickets — | | | | | |
| | Please make all cheques including registration fee and cost of banquet tickets payable to the: Nova Scotia State Council of the Knights of Columbus | | | | | | | | | | | | |
| ndnet | Will y | banquet? | quet? Number of b | | | | kets require | ed. | | | | | |
| | | Yes No | | No | Chicke | | en — Number | | | Roas | t Beef- | — Number | |
| Ra | · · · · · · | | , | | | | | | ' | ' | | | |
| Hotel Banquet | Arriva | | Number of nights | | | | | | | | | | |
| | All attendees are responsible to make their Hotel Reservations no later than We cannot guarantee the convention room rate or availability of rooms after this date. | | | | | | | | | | | | |