Kappa Psi Pharmaceutical Fraternity

# ADVANCED REGISTRATION FORM
# 54th GRAND COUNCIL CONVENTION

PLEASE PRINT your name as you wish it to appear on your badge.

No nick names please!

NAME_____
First Middle Last
CHAPTER_____ CHECK ONE: COLLEGIATE_____ GRADUATE____
UNIVERSITY/SCHOOL_____ PROVINCE _____ SPOUSE ____
ADDRESS_____ (  ) _____
Street City State Zip Home Telephone
EMAIL ADDRESS_____
SPOUSE'S NAME_____

IMPORTANT: Registration Fees must be received in The Central Office by July 1, 2009, in order to receive advance rates.

| | | | AMOUNT |
|---|---|---|---|
| Collegiate Members | $225 | ($325 after July 1, 2009) | _____ |
| Graduate Members | $300 | ($400 after July 1, 2009) | _____ |
| Spouse | $150 | ($250 after July 1, 2009) | _____ |
| Child (12 & over) | $35 | ($50 after July 1, 2009) | _____ |
| Child (under 12) | Free | We need to know numbers | _____ |
| Partial Registration is $100.00 per day; Final Banquet is $150 | | | _____ |

REGISTRATION FEE INCLUDES: Welcoming Reception; Graduate Brother's Reception; Dessert Reception; Alpha Chapter Reception and 130th Anniversary Banquet; Attendance at all meetings; Accredited Continuing Education (Grads only); Refreshments & Convention Favor.

Did you attend The 53rd G.C.C. in Boston, MA August, 2007? Yes ____ No ____
How many others have you attended?_____ Current Office Held _____
Do you wish to play in the Foundation Golf Tournament on Thursday? Yes ____ No _____
Do you need vegetarian meals provided?_____
TOTAL REMITTANCE: Date _____Check #_____ Total Enclosed _____

Make Checks payable to "The Central Office - Kappa Psi" and return to:
Kappa Psi Central Office, 2060 N Collins Blvd Suite 128, Richardson, TX 75080-2657

Master Card #_____ Visa Card #_____
Exp. Date _____ Exp. Date _____

ADVANCE REGISTRATION REFUND REQUEST: Honored prior to July 1, 2009.