

PHI THETA KAPPA
ALABAMA REGIONAL CONVENTION
March 9-10, 2012

Calhoun Community College, Decatur Campus
6250 Hwy. 31 North, Tanner, AL 35671

(Advisors: *please submit an application for each person attending. Please print or type*)

College Name: _____ State: _____

Chapter Name: _____

Name of Delegate: _____

(for nametag)

First (name you wish to be called)

Last

Classification: (check all that apply) Advisor Member Chapter Officer

- Voting delegate Regional Officer International Officer Alumni member
 College Administrator or guest*

Special Requirements: Please check ALL that apply:

Special Meals: ___ Vegetarian ___ Other(Explain) _____

Special Needs: ___ Physical ___ Hearing ___ Sight ___ Other (Explain) _____

Mailing Address: _____

Street

City

State

Zip Code

E-Mail Address: _____

In case of emergency notify: _____

Day Phone (area code & number) _____

Evening Phone (area code & number) _____

Cost of Regional Convention: \$50 per person for applications and purchase orders or checks received on or before February 14. Fee will increase to \$75 after February 14.

**Advisors: College administrators and advisors' guests may attend the Saturday luncheon and awards presentation for \$25 per person. Advisors may bring one guest. Any number of administrators may attend the luncheon and awards presentation.*

Registrations will not be accepted after February 29. Cancellations must be made on or before February 29.

The registration fee covers the cost of supper on March 9, and Hallmark Awards Luncheon on March 10. Fee does not cover the cost of hotel accommodations.

ADVISORS: Please fax or e-mail completed registration forms and copy of Purchase Order (or P0 #) to

Fax #: 256-331-5396

email: teresah@nwscc.edu

Please make checks payable to: Phi Theta Kappa-Alabama Region and mail to:

Dr. Humphrey Lee, Phi Theta Kappa Regional Coordinator

NW-SCC PO Box 2545 Muscle Shoals, Alabama 35662

Phone: (256) 331-5214

Form of Payment

College PO# (attach copy if possible) _____ Check # _____

FOR OFFICE USE ONLY: Date received: _____ Invoice# _____

ADVISORS: PLEASE FILL OUT THIS FORM AND INCLUDE WITH INDIVIDUAL REGISTRATION FORMS.

Chapter:

College:

Advisor traveling with students:

Advisor cell phone number:

Advisor Email:

Total number attending _____ X \$50 per person(\$75 after Feb. 14).....\$ _____

Total number attending Saturday luncheon only _____ X\$25 per person.....\$ _____

Total Amount due:\$ _____

Registration fees may be mailed to the Regional Coordinator or submitted during Convention registration.

Remember: YOUR CHAPTER IS FINANCIALLY RESPONSIBLE FOR THE NUMBER OF PARTICIPANTS LISTED (the names may change as they usually do), if cancellations are not made on or before the February 29th cancellation deadline.

Phi Theta Kappa will enforce a Zero Tolerance Policy for the use of alcohol and controlled substances during all chapter and regional events.
