

IOTA PHI LAMBDA SORORITY, INC.

73rd Eastern Regional Conference

Hilton Crystal Hotel

Arlington, Virginia

Please Type or Print- Press Firm

Name		Chapter
Last	First	
Address		Phone
City	State	Zip Code
E-Mail		

Check you affiliation and status

- | | | |
|--|---|---|
| <input type="checkbox"/> Voting Delegate | <input type="checkbox"/> Non- Voting Delegate | <input type="checkbox"/> Voting Past National President |
| <input type="checkbox"/> Past Reg. Director | <input type="checkbox"/> First Timer | <input type="checkbox"/> National Office |
| <input type="checkbox"/> Regional Director | <input type="checkbox"/> Men of Iota | <input type="checkbox"/> Pelati |
| <input type="checkbox"/> Visiting National Officer | <input type="checkbox"/> Youth | <input type="checkbox"/> Guest |

Registration Fee Includes: Conference Materials, Friday and Saturday Breakfast Buffet, Educational Lunch, Awards Banquet; Sunday Prayer Breakfast (Please indicate if you have diet restrictions, if so what are they)_____ (Diet Restrictions)

REGISTRATION FEES ARE TRANSFERRABLE NOT REFUNDABLE

	Cost		Amount Paid
Sorors	\$200.00	\$225.00*	_____.00
Pelati, Men of Iota, Guest*	\$125.00		_____.00
Youth*	To be Determined		_____.00

***Includes Workshop Material, Educational Lunch, Awards Banquet, and Sunday Prayer Breakfast**

NO ON SITE REGISTRATION PERMITTED PER ER CONFERENCE REQUIREMENT

**Make check, or money orders payable to Iota Phi Lambda SorORITY, Inc. - Eastern Region
Deadline for Registration is March 31, 2010.**

***REGISTRATION RECEIVED AFTER February 15, 2010 WILL BE \$225.00. NO PERSONAL CHECKS WILL BE ACCEPTED AFTER MARCH 31, 2010**

Chapter (Preferred)/Personal Check # _____ Money Order _____ Through Pay Pal Account

Chapter Financial Officer _____

Date

Amount Received \$ _____

Regional financial Secretary

RETURN ALL COPIES OF THIS FORM WITH PAYMENT TO:

Ms. Elsie R. Reavis, Regional Financial Secretary

680 B Front Street

Hempstead, New York 11550 (516) 292-3296

E-Mail: elreav@msn.com