## Rotary District Conference 2023 Registration Form

Date of Registration:		
Attendee information		
Name *(required):		
Email address*(required)		
Cell phone*(required)		
Home address:		
Street		
City, State, Zip code		
Rotary Club of:*(required)		
Office or Position of Attendee (select all that ap	ply)	
☐ District Governor	☐ Past Club President	
☐ District Governor Elect	☐ Club Secretary	
☐ District Governor Nominee	☐ Club Treasurer	
☐ Past District Governor	☐ Paul Harris Fellow	
☐ Assistant Governor	☐ Bequest Society Member	
☐ Representative of RI President	☐ Major Donor	
☐ Club President	☐ Sustaining Member	
☐ Club President Elect	☐ First time Attendee	
Saturday Dinner options (Attendee)		
☐ Filet of Beef, Cipollini Onions, Barolo Demi-Gla	aze	
☐ Grilled Faroe Island Salmon, Maple Whiskey G	laze	
☐ Grilled Herb French Breast of Chicken, Meyer	lemon butter	
☐ Dietary Restriction meal		

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Guest? (Name)				
Guest Office or Positions (select	all that are applicable):			
☐ Partner of Rotarian	☐ Partner of Representative	☐ Club President Elect		
☐ Guest	of the RI President	☐ Past Club President		
☐ Partner of District Governor	☐ Partner of Club President	☐ Club Secretary		
	<ul><li>Partner of Club President</li><li>Elect</li></ul>	☐ Club Treasurer		
<ul><li>Partner of District</li><li>Governor Elect</li><li>Partner of District</li></ul>	☐ Partner of Past Club	☐ Paul Harris Fellow		
	President	☐ Bequest Society Member		
Governor Nominee	☐ Partner of Club Secretary	☐ Sustaining Member		
<ul><li>□ Partner of Past District</li><li>Governor</li><li>□ Partner of Assistant</li><li>Governor</li></ul>	☐ Partner of Club Treasurer	☐ Major Donor		
	☐ Past District Governor	☐ First time conference		
	☐ Assistant Governor	attendee		
	☐ Club President			
Saturday Dinner options (Guest)				
☐ Filet of Beef, Cipollini	Onions, Barolo Demi-Glaze			
☐ Grilled Faroe Island Sa	ılmon, Maple Whiskey Glaze			
☐ Grilled Herb French Breast of Chicken, Meyer lemon butter				
☐ Special dietary restrict	tion meal			
Price: \$250 per person Pay with:				
☐ Credit or debit card (a	ll information held confidential)			
Name on Card: _	umber: and SSID :			
☐ Pay by check				
Make checks pay	vable to "District 7430 Conference"			

Mail to: Robin Smith – Conference Treasurer 2007 Deer Ridge Dr Pottstown, PA 19464