



2019 Rotary District 5890

District Conference

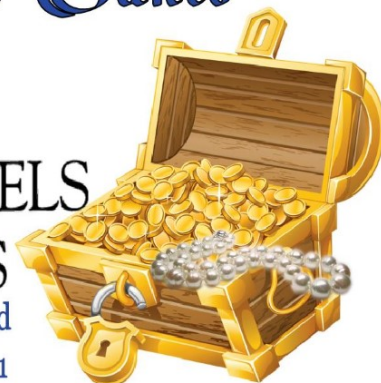
District Governor

Garmen Evelyn Guneo

WHERE:

**OMNI HOTELS
& RESORTS**

900 North Shoreline Blvd
Corpus Christi, TX 78401



WHEN: Thursday May 2, 2019
through
Sunday May 5, 2019

Rotarian's First Name

Rotarian's Last Name

Nickname

Club

Guest First Name

Guest Last Name

Nickname

Club

Address

City

State

Zip (required)

Phone #:

Email:

☐ DG ☐ President-Elect

☐ PDG ☐ Club Secretary

☐ AG ☐ Paul Harris Fellow

☐ AGE ☐ Benefactor

☐ DGE, DGN, DGND

☐ Foundation Alumni

☐ Vocational Training Team

☐ Youth Exchange

☐ Interact

☐ Bequest Society

☐ Current President

☐ Special Guest

☐ Current President-Elect

☐ Past Club President

☐ 1st Time Attendee

☐ Major Donor

☐ Rotaract

☐ Paul Harris Society

☐ Polio Plus Society

☐ Veteran

REGISTRATION FEE

Number of persons attending

Conference Registration \$279

_____ = \$ _____

Extra Events will be an additional cost.

Hotel accommodations are NOT included in this fee

Total \$ _____

PAYMENT INFORMATION:

Register online on District Website or Complete this registration form. Payment MUST accompany form. Registration is complete AFTER payment is received. Register by April 19, 2019. Registration DOES NOT include hotel accommodations.

MAKE CHECK PAYABLE TO:

Rotary District 5890

Attn: Elaine Combs

P.O. Box 148, Hungerford, TX 77448

Checks must have full name of registrant and Club.

2019 Rotary District 5890

District Conference

District Governor

Garmen Evelyn Guneo

Finding
Rotary
District 5890

Pirates

District Conference

WHEN: Thursday May 2, 2019
through
Sunday May 5, 2019



WHERE:

OMNI HOTELS
& RESORTS



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:
