

## Registration for QuadCon Youth Convention Center, Providence, RI April 28 - 29, 2017

Students Full Name:	(Please Prin	(Please Print) Badge Name:		
Sponsoring Rotary Club:				
Circle All That Apply Faculty Advisor Rotaracto	r Interactor Rylaria	n Student		
Address City:		State:	_ Zip:	
Home Telephone: () Co	ell Phone ()			
Email:				
PLEASE NOTE THAT ALL STUDENTS AT THE CONFER ASKED TO LEAVE THE CONFERENCE IF IT IS DETERIOR WILL CONFERENCE FEES PLEASE CHECK OFF AS APPROPRI	MINED THAT THEY HAVE E L BE NO REFUNDS FOR ME	NGAGED IN ANY IN		
!. Complete Conference Meal Package (Rotaract)	SELECT		AMOUNT DUE	
This includes Friday night dinner (separate from the rotarian dinner, breakfast and lunch on Saturday, and accommodations at the Omni Hotel. You will be placed 4 to a room. List three other people you would like to share a room with.	#□ \$125.00	\$		
2. A LA CARTE MENU (INTERACT/ROTARACT/RYLA)				
SATURDAY LUNCH	□ \$25.00	\$		

Register by April 1

Send payment with completed form to Valerie Perry, 30 Wannamoisett Rd, East Providence, RI 02914, <a href="mailto:rsvpiii@verizon.net">rsvpiii@verizon.net</a>, 401-434-1449.

or Register online at https://www.eventbrite.com/e/rotary-youth-conference-tickets-32267467865?aff=es2