



**Rotary**  
**District 7950**  
 FRIDAY, SATURDAY, SUNDAY  
 APRIL 8, 9, 10, 2016

The  
 Rotary Clubs  
 of Rhode Island  
 and Southeast  
 Massachusetts



**Golf Friday Afternoon**

**Nicklaus Design  
 Golf Course**

**Separate Registration Required**

**DISTRICT CONFERENCE 2016**  
**OCEAN EDGE RESORT & GOLF CLUB**  
 2907 Main St., Brewster, Mass. 02631  
 1-508-896-9000  
[stay@oceanedge.com](mailto:stay@oceanedge.com)

***YOU MUST make hotel reservations separate from this registration package as this ONLY covers your conference fees for meals & sessions. Call Ocean Edge Resort & Golf Club directly at 1-508-896-9000 and mention the Rotary District 7950 conference for special room rates \$146.00 Tax Included Per Night***

***Deadline for special room rates is: 03/07/2016***

Name: \_\_\_\_\_ BadgeName: \_\_\_\_\_

Partner/Guest: \_\_\_\_\_ Badge Name: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Rotary Club of \_\_\_\_\_

Telephone: \_\_\_\_\_ I am registered at the hotel: Thurs: \_\_\_ Friday \_\_\_ Saturday # People \_\_\_\_\_

**REGISTRATION IS ALSO AVAILABLE ON LINE AT: WWW.ROTARY7950.COM**

Please check off as appropriate:

TYPE OR PRINT CLEARLY

COMPLETE CONFERENCE MEAL PACKAGE Commuters and those staying at the resort Includes all sessions: Dinner Friday, Breakfast Saturday, Dinner Saturday, Breakfast Sunday Includes New Generations Presentation	SELECT # <input type="checkbox"/>	AMOUNT \$250.00 Per person	AMOUNT DUE TOTAL \$ Does not include rooms booked with hotel
A LA CARTE MENU	#	AMOUNT	AMOUNT DUE
FRIDAY DINNER \$90.00 P.P. Keynote Speaker Pete Brock N.E. Patriots Alumni Association "The 40 under 40 Awards"	<input type="checkbox"/>	\$90.00 P.P.	\$ _____
SATURDAY BREAKFAST Buffet 7 AM \$35.00 Plenary Session Razia Jan and Dr. Deborah Walters	<input type="checkbox"/>	\$35.00 P.P.	\$ _____
SATURDAY DINNER \$100.00 P.P. (Includes <b>Bonfire</b> on the Beach (Weather Permitting))	<input type="checkbox"/>	\$100.00 P.P.	\$ _____
SUNDAY BREAKFAST \$35.00 P.P. (Includes "New Generations Presentation")	<input type="checkbox"/>	\$35.00 P.P.	\$ _____
<b>Total Amount Due: \$</b>			

Payment: Type ( ) VISA ( ) Discover ( ) AMEX ( ) Check ( )

**Circle Gluten, Vegetarian or Dairy**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Credit Card Billing Address: \_\_\_\_\_

**Book on line [www.rotary7950.com](http://www.rotary7950.com)**

**IF NOT BOOKING ON LINE \_\_\_\_\_ Forward payment to: Registrar  
 PDG Valerie Perry 30 Wannamoissett Road East Providence, R.I. 02914**