

REGISTRATION FORM

Please complete this form and indicate which PLAN you prefer. Your check should be payable to **MEXICO STATE SOCIETY, NSDAR**, and all registration forms sent to:
Rev. Ellen Deuel, 1212 H Street, #219, Ramona, CA 92065 phone 760-789-7021. edeuel@yahoo.com

Please be mindful of the deadline, December 1, 2009.

Please make a copy of this form for your records before mailing.

PLAN A _____

PLAN B _____

NAME _____
HUSBAND'S NAME (IF APPLICABLE) _____
MAILING ADDRESS _____
PHONE _____ FAX _____ E-MAIL _____
HOME CHAPTER _____
ASSOCIATE MEMBER OF _____
CURRENT DAR OFFICE/APPOINTMENT _____
HIGHEST DAR OFFICE/APPOINTMENT _____
ROOMMATE PREFERENCE _____
(IF NOT SPECIFIED, ONE WILL BE ASSIGNED, NO CHANGES PLEASE!)
EMERGENCY CONTACT _____
PHONE _____ RELATIONSHIP _____

Flight Arrival Information

ARRIVAL CITY _____ DATE _____ TIME _____ AIRLINE _____ FLIGHT # _____
(example: Tijuana or San Diego)

Flight Departure Information

DEPARTURE CITY _____ DATE _____ TIME _____ AIRLINE _____ FLIGHT# _____
(example: Tijuana or San Diego)

**IF YOU ARE FLYING OUT OF SAN DIEGO , AFTERNOON FLIGHTS ARE PREFERABLE.
REMEMBER TO ALLOW TIME FOR CROSSING THE US BORDER.**

Attendees with PHYSICAL LIMITATIONS, must be accompanied by a family member or pre-arranged physical assistant. List any SPECIAL DIETARY RESTRICTIONS OR PHYSICAL PROBLEMS we should be aware of so special arrangements can be made. We recommend that you have medical/travel insurance.

Cancellation Policy: Telephone calls or emails will be accepted, but should be followed by a written cancellation. The cancellation should be addressed to Ellen Deuel and Cristy Trembly.

More than 30 days prior to Conference _____ 50% refund
30 days or less prior to Conference _____ NO REFUND

We are here to assist you, so let us know if you have any additional questions or requirements.