

California Alpha Delta Kappa 35th State Convention Registration Form

April 26 - 28, 2024, DoubleTree by Hilton, San Jose, California

Please **print** the information.

Name: _____

Chapter: _____

Email: _____

Council: _____

(Confirmation will be sent via email)

Phone: _____

Special Designation (Check if applicable)

- ____ Violet Sister (10+ yrs)
- ____ Silver Sister (25+ yrs)
- ____ Sapphire Sister (35+ yrs)
- ____ Golden Sister (50+ yrs)
- ____ Diamond Sister (60+ yrs)
- ____ First Timer to State Convention
- ____ Noel Leonard Grant Recipient
- ____ Chapter President

Member for: ___ 5+ yrs ___ 10+ yrs ___ 15+yrs ___ 20+yrs

Registration Fee (AAK member):

Includes Saturday Luncheon and Dinner Banquet

\$ 160 \$ _____

Leadership Buffet Breakfast Meeting (optional) Saturday am

\$ 40 \$ _____

Lunch Selection: Choose one

____ Chicken Salad

____ Falafel Salad

Banquet Selection: Choose one

____ Chicken Marsala

____ Mushroom Risotto

Special dietary restrictions: _____

Guest Tickets

Luncheon Salad # ___ Chicken # ___ Falafel # _____ @ \$ 50 each

Banquet # ___ Chicken # ___ Risotto # _____ @ \$ 60 each

Guest(s) Name(s) _____

Convention Proceedings will be published on the CA Website.

Individual hard copies may be ordered to be mailed after the convention @ \$12.00/copy \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

The following positions are eligible to vote. Please mark only one category to determine your voting group:

____ Chapter Delegate (Each chapter has 1 delegate per 10 members)

____ Chapter Alternate (Votes only in absence of the delegate)

____ CA Executive Board Member

____ Past CA State President

____ State Committee Chairman _____ (specify which committee)

____ Presidents' Council Representative (either President or her alternate)

____ Chairman for State Convention Committee _____ (specify which chairman)

____ **Yes! I'll volunteer as an Assistant Sergeant-at-Arms/Page**

Will you be attending the Omega Service Sunday, April 28, at 9:00? ___ Yes ___ No

Emergency Contact Information: Name: _____ Phone: _____

****Mail Check and Registration Form to: Rita Prichard, Convention Registration Chair
2212 McLaren Dr., Roseville, CA 95661**

Registration Deadline: March 22, 2024 **Make Checks payable to: Marlene Cordova

For Office Use Only: Registration # _____ Check # _____