



REGISTRATION FORM

Name: _____

I am a: Collegiate Alumni Member of Phi Chi Theta

Visitor / Non-Member of Phi Chi Theta

E-Mail Address: _____

Cell Phone: _____

Date of Initiation into Phi Chi Theta: _____

Chapter: _____

Are you a chapter officer? Yes No

Which office? _____

Are you planning to attend the Friday night welcome reception?

Yes No

MEETING REGISTRATION FEE (Before 3/29/19)..... \$80

MEETING REGISTRATION FEE (After 3/30/19) \$95

HOTEL REGISTRATION FEE..... See amounts below

Total Amount Enclosed:..... \$ _____

REGISTRATION DUE DATE: 4/19/2019

Registration Fee includes Friday reception, breakfast, lunch, speakers, welcome package materials, and access to all training sessions.

Hotel Reservations: Deadline for price guarantee is **4/19/2019**. Phi Chi Theta will make your hotel reservations on your behalf. Payment for hotel nights will be paid **directly to the hotel** at time of checkout using rates have been negotiated with this hotel below exclude tax. The amounts below are for Friday and Saturday night hotel fees per person (for example, a double would cost \$99 for both people for both nights).

Hotel Costs for Meeting Nights Only:	Single	Double	Other*
	\$198	\$99	See below

- ***Other** - triple (\$66) & quad (\$49.50) rooms are available by special request only. Chapters will be responsible for filling the room.
- **Hotel Address:** 10330 Natural Bridge Rd., St. Louis, MO 63134, (314) 426-5500
- **Extra Nights:** If you would like to come a day early, the room block is 3-days before and 3-days after. Please let us know below if you wish to stay additional nights by checking the boxes below. For your information, here is cost per person, per night, excluding tax: Single: \$99, Double: \$49.50.
- **Cancellations:** You can cancel your reservation with no charge until **4/1/2019**, after that date you are responsible for any fees incurred from your cancellation.
- **Roommates:** List any roommates that you would like us to put you with. All efforts will be made to place you in a room with the number of roommates requested.

Check nights staying: Friday Saturday Extended Stay: _____

Please list any special needs (such as dietary, allergies, handicapped accessibility, etc.).

Please make checks payable to PHI CHI THETA. Mail registration form and check by 4/1/2019 to:

Phi Chi Theta • P.O. Box 113394 • Carrollton, TX 75011-3394

If you have any questions, please contact **Josh Gabbard** at westerndirector@phichitheta.org or (940) 231-8927
OR Lizbeth Juarez at central-southerndirector@phichitheta.org or (205) 400-3948.