



2012

REGIONAL LEADERSHIP CONFERENCE DOP: DECIDE OUR PATH

REGISTER ▶

Personal Information

Name _____

Chapter _____

Office _____

Email _____

Address _____

City, State/Prov _____

Zip Code _____

Phone Number _____

Program

Indicate the conference you would like to attend.

Conferences (Choose One)	Early Bird Deadline	Housing Options (Choose One)	Early Bird Price (per person)
<input type="checkbox"/> Feb. 3-4, San Francisco, CA	Sept. 1	<input type="checkbox"/> Quad	\$149
<input type="checkbox"/> Feb. 10-11, Philadelphia, PA	Sept. 1	<input type="checkbox"/> Quad	\$149
<input type="checkbox"/> Feb. 17-18, Wichita, KS	Sept. 1	<input type="checkbox"/> Quad	\$149
<input type="checkbox"/> Feb. 24-25, Atlanta, GA	Sept. 1	<input type="checkbox"/> Quad	\$149
<input type="checkbox"/> March 2-3, Indianapolis, IN	Sept. 1	<input type="checkbox"/> Quad	\$149

Roommates

Please list the names of your roommates and their chapter office below.

Number of registrants _____

Roommate 1 _____

Roommate 3 _____

Roommate 2 _____

Roommate 4 _____

Registration Fees

Total Conference Fees _____

Total _____

Payment (check, credit card, or EFT)

Check (Payable to "Tau Kappa Epsilon")

Bank Name _____

Bank Routing No. _____

Account No. _____

Signature _____

Credit Card _____

Card Number _____

Security Code _____

Expiration Date (MM/YY) _____

Cardholder Name _____

Date _____

No cancellations or refunds are allowed. Substitutions are accepted.