



National Sojourners, Inc.

TUCSON, ARIZONA - MID-WINTER MEETING

DOUBLETREE BY HILTON AT REID PARK
445 S. ALVERNON WAY
TUCSON, AZ. 85742
9 – 13 JANUARY 2019



LAST NAME: _____ FIRST NAME: _____ INITIAL: _____ SUFFIX: _____ NICKNAME: _____ RANK: _____ SVC: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
 LADY'S NAME (IF ATTENDING): _____ IS LADY A CAMP FOLLOWER? ___ Y ___ N) DESIRES TO BE ONE? ___ Y ___ N
 E-MAIL: _____ CHAPTER NAME: _____ CHAPTER No.: _____ CHAPTER OFFICE: _____

NOTE: PLEASE CHECK APPROPRIATE BOXES AND FILL IN SPECIFICS BELOW.

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> First Time MWM Attendee | <input type="checkbox"/> Past National President | <input type="checkbox"/> LOH | <input type="checkbox"/> Grand Dame |
| Number ANC attended _____ | <input type="checkbox"/> Past National Commander | <input type="checkbox"/> National Committee Chair | |
| Number MWM attended _____ | <input type="checkbox"/> Emeritus | <input type="checkbox"/> Past Master | |

National Office: _____ National Heroes of '76 Office: _____

NATIONAL COMMITTEES: (CHAIRMAN) _____ (2) _____ (3) _____

GRAND BODY OFFICE _____

GUESTS ATTENDING: FIRST NAME LAST NAME FIRST NAME LAST NAME
 (1) _____ _____ (2) _____ _____

Transportation, Fill in Details Below

TRAVEL CHANGES ENROUTE; CALL POINT OF CONTACT: Vince Santos, 520-370-3519 or ymsantos@comcast.com
 (Transportation option from hotel; wait for Chapter shuttle or use Hotel shuttle at \$20 round trip per couple)

Transportation Mode

POV <input type="checkbox"/>	Arrive Date: _____ Airport/Station _____ Time: _____ (AM <input type="checkbox"/> PM <input type="checkbox"/>)	Air Carrier: _____ FLT No _____
Air <input type="checkbox"/>	Depart Date: _____ Airport/Station _____ Time: _____ (AM <input type="checkbox"/> PM <input type="checkbox"/>)	Air Carrier: _____ FLT No _____
Rail <input type="checkbox"/>		

Staying at the Doubletree? Check In Date: _____ Check Out Date: _____

NOTE: GROUP RATE RESERVATIONS CUT OFF DATE: 19 DEC 2018

TO CONTACT: DOUBLETREE, (520) 881-4200 OR [ONLINE](http://online.comcast.com)
 GROUP RATE: MENTION "NATIONAL SOJOURNERS" ROOMS: \$119.00 + APPLICABLE TAXES

	<u>PRICE</u>	<u>QTY</u>	=	\$ _____
EARLY REGISTRATION (SOJOURNER MEMBERS ONLY) **	\$35.00	X 1	=	\$ _____
FULL REGISTRATION FEE (AFTER 15 DEC 2018)	\$50.00	X 1	=	\$ _____
STAYING AT OTHER HOTEL	\$15.00	X 1	=	\$ _____
PAST MASTERS CHAPTER BREAKFAST (FRIDAY)	\$23.00	X _____	=	\$ _____
EXPEDITIONARY/MUSTANG CHAPTERS LUNCH (FRIDAY)	\$25.00	X _____	=	\$ _____
LADIES LUNCHEON (FRIDAY)	\$25.00	X _____	=	\$ _____
SAIGON/DA NANG CHAPTERS LUNCH (SATURDAY)	\$25.00	X _____	=	\$ _____
RECEPTION & PRESIDENT'S LADIES AT THE TABLE BANQUET (SATURDAY)				
BEEF TENDERS WITH DEMIGLAZE	\$50.00	X _____	=	\$ _____
CHICKEN PICCATO WITH LEMON AND CAPER	\$50.00	X _____	=	\$ _____
** TOTAL (SOJOURNERS INCLUDES REGISTRATION FEE)			=	\$ _____

DIETARY RESTRICTIONS:

AMBULATORY RESTRICTIONS:

MAIL REGISTRATION FORM ALONG WITH CHECK MADE OUT TO:
 "NASOCOCO" BY 15 DECEMBER 2018 TO:

Charles E. Warren, Sr.
3787 East 1200 South
Heber City, UT 84032-3558
435-654-4555
chuckwarrensr@gmail.com

REFUND POLICY FOR MEALS CANCELLED:

REFUNDS WILL NOT BE MADE FOR MEALS
 CANCELLED AFTER 54 HOURS BEFORE THE MEALS.