

## 2010 Mid-Year Conference South

February 20, 2010 • Los Angeles Marriott Burbank Airport

2500 Hollywood Way, Burbank, CA 91505 • Reservations: 1-800-736-9712 or

<http://www.marriott.com/hotels/travel/burap-los-angeles-marriott-burbank-airport/?toDate=2/22/10&groupCode=kiwkiwa&fromDate=2/16/10&app=resvlink>

### Conference Registration Instructions

- ◆ Use one (1) registration form per Kiwanian. If your spouse is also a Kiwanian, you may use one form for both of you. Copies are acceptable.
- ◆ Do not use this form for 100% club registration. There is a separate form for that use.
- ◆ Neatly print or type all information requested.
- ◆ All convention registrations must be received in the District Office no later than February 5, 2010. If registration with payment is not received by this date, you must hand carry your form to the Mid-Year Conference and register at the onsite desk at the cost of \$45. Please do not fax your registration form after the registration deadline.
- ◆ **Cancellation Policy** - Any conference or meal cancellation request must be submitted in writing to the District Office at the address noted below. Full refund, less a \$10.00 processing fee, will be granted for requests received at the District Office by 5:00 p.m., on February 10, 2010. No refunds can be granted for requests received after the cancellation deadline. Phone cancellations cannot be accepted.
- ◆ No tickets sold separately without payment of registration fees. There is no guarantee meal tickets will be sold on site. *Note: meal tickets are on a first come-first served basis. Inter-club luncheon traditionally sells out before the registration deadline date.*
- ◆ **5th Annual Winter Gala – Shake, Rattle and Roll: A 1950's Sock Hop**  
**Comp Tickets** - If you were awarded the William A. Dunlap Fellowship (or upgraded) between October 1, 2008 and September 30, 2009, you are entitled to a complimentary ticket to the Winter Gala for you and the partner/guest named on your registration form (limit two complimentary tickets per couple). Please indicate on the registration form if you and/or your guest will be attending the Gala to receive these complimentary tickets in your registration packet.  
**Table Registration** - Groups of 10, including clubs and divisions, are eligible to purchase a table at a reduced rate of \$650! Clubs may elect to support the Foundation by purchasing a table of 10 from their service accounts. To purchase and reserve your table of 10, please complete and return the included Winter Gala South Table registration form.
- ◆ You may fax credit card orders to (909) 989-7779, or if paying by check, make check payable and mail to: Cal-Nev-Ha Kiwanis, 8360 Red Oak Street, Suite 201, Rancho Cucamonga, CA 91730.

### Hotel Reservations Instructions

To make hotel reservations with the *Los Angeles Marriott Burbank Airport*, call 1-800-736-9712 or log on to <http://www.marriott.com/hotels/travel/burap-los-angeles-marriott-burbank-airport/?toDate=2/22/10&groupCode=kiwkiwa&fromDate=2/16/10&app=resvlink>

Please be sure to mention the Cal-Nev-Ha Kiwanis group code "kiwkiwa" to receive the special conference rate of \$119 per night. *Hotel reservations & group rate cannot be guaranteed after February 1, 2010. All cancellations/changes must be made directly with the hotel at least 72 hours in advance of arrival.*

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Please print legibly or type all information

ON-SITE REGISTRATION COST IS \$45.00

Kiwanian's Name \_\_\_\_\_  
(Last Name) (First Name – as you would like it to appear on your badge)

Club \_\_\_\_\_ Division \_\_\_\_\_ Office Held \_\_\_\_\_

Partner/Guest Name \_\_\_\_\_  
(Last Name) (First Name – as you would like it to appear on your badge)

If Kiwanian, Club Name \_\_\_\_\_ Division \_\_\_\_\_ Office Held \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Contact #: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

MY ATTACHED CHECK OR CREDIT CARD PAYMENT COVERS THE FOLLOWING ITEMS:

Registration Fee per Kiwanian..... (After 2/5/10 \$45.00) (Acct. 23.410.03) \_\_\_\_\_ x \$35.00 = \$ \_\_\_\_\_  
(Acct. 23.410.01)

Rose Float Inter-club Breakfast (Scrambled eggs, bacon and skillet potatoes)..... x \$18.00 = \$ \_\_\_\_\_  
If you prefer a lowfat/vegetarian breakfast entrée, please check  (Acct 23.412.11)

Inter-club Luncheon (London broil, roasted potatoes, vegetables, lemon cake)..... x \$25.00 = \$ \_\_\_\_\_  
If you prefer a lowfat/vegetarian lunch entrée, please check  (Acct 23.412.03)

5th Annual Winter Gala – Shake, Rattle and Roll: A 1950's Sock Hop\*..... x \$75.00 = \$ \_\_\_\_\_  
Please indicate number of each: \_\_\_\_\_ New York Steak \_\_\_\_\_ Roasted Chicken \_\_\_\_\_ Vegetarian (Acct 10.205.16)

\*If you were awarded the William A. Dunlap Fellowship (or upgraded) between October 1, 2008 and September 30, 2009, you are entitled to a complimentary ticket for you and the partner/guest named above (limit two complimentary tickets per couple). \_\_\_\_\_ x \$75.00 = \$ **COMP**  
(Acct. 10.205.16/10.120.16)

Use this form for individual registrations only. To purchase a table of 10 at the reduced rate of \$650 per table, please complete the included Winter Gala South Table registration form. **TOTAL \$ \_\_\_\_\_**

If you have special dietary or accommodation needs, please indicate here: \_\_\_\_\_

**Registration form and payment must be received in the District Office no later than February 5, 2010.  
Deadline for cancellation is February 10, 2010 – See Registration Instructions for more information.**

If you wish to use your American Express, Visa, MasterCard or Discover card, please complete the following:

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

\*For American Express customers, the security code is the 4 digit code located above your credit card number on the front of your card; For Visa, MasterCard or Discover customers, the security code is the last 3 digits located on the back of your card.

If your credit card billing address is different than above, please provide the billing address on the line below. Thank You.

**You may fax credit card orders to (909) 989-7779, or if paying by check, make check payable and mail to:  
Cal-Nev-Ha Kiwanis, 8360 Red Oak Street, Suite 201, Rancho Cucamonga, CA 91730**

# 5th Annual Winter Gala South Shake, Rattle and Roll

*A 1950's Rock Hop Benefiting the Kiwanis Cal-Nev-Ha Foundation*

Saturday, February 20, 2010 • 6:00 p.m. Silent Auction & Cocktail Reception / 7:00 p.m. Dinner  
Los Angeles Marriott Burbank Airport, 2500 Hollywood Way, Burbank, CA



## Table Registration Form

Please complete the following information and return to the address below no later than February 5, 2010.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Company or Kiwanis Club \_\_\_\_\_

Title/Office \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\$650 Table of Ten (Kiwanis clubs are encouraged to purchase a table from their service funds account. To ensure we properly seat you and your guests, you **must** list all of your guests below. To ensure your guests are not charged for this meal, please ask your guests **not** to register for the Gala on their individual or club 100% registration form. Please select a meal choice for each guest.)

Please seat the following guests at my table:

_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian
_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian
_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian
_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian
_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian
_____	_____	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Vegetarian

I/We will be unable to attend, but would still like to sponsor a table. Please accept my table sponsorship of \$650 and fill the table with your choice.

I/We will be unable to participate. Please accept a gift of \$ \_\_\_\_\_ to the Kiwanis Cal-Nev-Ha Foundation

Payment Method -

- Check enclosed or en route (made payable to Kiwanis Cal-Nev-Ha Foundation)
- Credit Card (We accept Visa, MasterCard, American Express and Discover)

\*For American Express customers, The security code is the 4 digit code located above your credit card number on the front of your card; For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the back of your card.

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

□□□□□□□□□□□□□□□□□□

□□/□□

□□□□

Card Number

Expiration Date

Security Code\*

Acct. Code 41101/DFG

If your credit card billing address is different than above, please include the complete address on the line below. Thank You.

Andrea Waldron, Kiwanis Cal-Nev-Ha Foundation, 8360 Red Oak Street, Suite 201, Rancho Cucamonga, Ca 91730-0608

E-mail: andrea@cnhkiwanis.org • Direct: 909.989.1500 x123 • Fax: 909.989.7779

For your records, our Tax ID Number is 94-1623498 Thank You!

