



Kiwaniis®

TEXAS-OKLAHOMA DISTRICT

INSTRUCTIONS:

We are excited you are joining us for District Convention (DCON) 2017! The registration deadline is **July 21, 2017**. Registrations received after that date will be assessed an additional \$10 administration fee. Please mail this form along with check or credit card information to: DCON ATTN: Kiwanis Division 35, 473 Cypress St. Suite 107 Abilene, Texas 79601. Checks payable to Kiwanis DCON. Please note in memo line DCON 2017. You may also register online at www.txokkiwanisconvention.org.

GENERAL REGISTRATION INFORMATION:

Name: _____

Kiwanis Club: _____

Current Office, If Any: _____

Is this your first District Convention? Yes/No

Will your spouse attend? YES NO N/A

Spouse's Name: _____

Is your spouse a Kiwanian? YES NO

Spouse's Current Office, If Yes: _____

Abilene 2017 Convention Registration Fee:

___ \$75 - Individual Member OR ___ \$20 - 100% Club (fee waived with code)

___ \$20 - Kiwanis Spouse OR ___ \$10 - Non-Kiwanis Spouse

Are you a member of a 100% participation club? YES NO

YES – Enter code here (see your club secretary for code): _____

Is your spouse a member of a 100% participation club? YES NO

YES – Enter code here (see club secretary for code): _____

Home Address:

Email address: _____

Phone Number: _____

Is this a cell phone? YES NO

Dietary Restrictions? Please circle. Vegetarian Diabetic

KIWANIS PIN & T-SHIRT:

Do you want a Kiwanis Convention Pin? *Check out the design on the convention website!*

\$5.00 each Quantity _____

Do you want a Kiwanis Convention T-shirt?

Please circle your size. *Check out the design on the convention website!*

\$15.00 each Adult Size/Quantity: Small _____ Medium _____ Large _____ XL _____
XXL _____ XXXL _____

\$10.00 each Child Size/Quantity: Small _____ Medium _____ Large _____ XL _____
XXL _____

HOTEL ACCOMMODATIONS:

Please indicate your travel/lodging plans. Please note you must make your reservations directly with the hotel and please ask for the Kiwanis rate.

HOST HOTEL: MCM Elegante, 4250 Ridgemont Dr., 325-698-1234

Other Hotel Plans: Please note _____

How many nights will you be staying in your hotel?: _____

If you are staying at the MCM Elegante will you require transportation to and from the convention center? YES NO

Bus Service Available to and from the host hotel MCM Elegante.

TICKETED EVENTS:

PLEASE INDICATE THE NUMBER OF TICKETS YOU WILL NEED FOR EACH EVENT. ***Please see the full agenda at www.txokkiwanisconvention.org for events and in-depth descriptions of all activities. Below are ticketed events only.*** If you are not attending an event, choose 0):

THURSDAY, AUGUST 3RD – MCM ELEGANTE (PRE-CONFERENCE EVENT)

Texas Oklahoma Growth Summit: Learn how to actively grow your club. Includes lunch and is open to all. 10 AM – 4 PM.

Price: \$20.00 Quantity _____

President and Secretary Club Leadership Education Make-Up Training: Training is free and will be from 3-5 PM.

Quantity _____

FRIDAY, AUGUST 4TH – ABILENE CONVENTION CENTER

All Kiwanis Breakfast

Hosted by Past-Lieutenant Governor’s Association. Celebrate our leadership in action.

Price: \$11.00 Quantity _____

Project Eliminate Walk – NEW TIME!

Eliminate Walk will be an indoor short walk directly after Opening Session. One patch per club provided.

Price (please circle one):

Save 5 Lives - \$9 OR Save 10 Lives - \$18 Quantity _____

Spouses Day Out: A Taste of the Friendly Frontier.

Enjoy a fun-filled day in Abilene, Texas visiting local attractions and sampling various foods from local chefs with an optional wine tasting. Leaving from the convention center, 9 am -4 pm. Transportation provided. Please see agenda for full description.

Price: \$40 Quantity _____

All Kiwanis Luncheon

A time of excitement as we come together to kick-off convention directly after opening session. Hosted by the TX-OK Foundation. A time of recognition and celebration. There will be a guest speaker.

Price: \$18.00 Quantity _____

Family Fun Night! Let’s all go to the Abilene Zoo.

A private event with West Texas BBQ, an up close look at the wondrous animals, giraffe feedings, live music, a mini-train ride for kids and adults, and lots of old fashioned fun. A night to remember. Children under 3 are free.

Price: \$20.00 Quantity _____

Price \$15.00 (Ages 3-10) Quantity _____

SATURDAY, AUGUST 5TH – ABILENE CONVENTION CENTER

Kiwanis Prayer Breakfast

A time of reflection and joy as we give thanks for all we have to be grateful for as Kiwanians. The Layperson of the Year will also be honored. There will be a guest speaker.

Price: \$11.00 Quantity _____

All Kiwanis Luncheon

A time when we come together for fellowship, network and learn more about what is going on in the Kiwanis Family. There will be a guest speaker.

Price: \$18.00 Quantity _____

Governor’s Banquet

A celebration evening where we look toward our 2017-2018 Kiwanis-Family future. There will be a guest speaker.

Price: \$25.00 Quantity _____

CHILDREN’S PROGRAM

Yes! I would like to register a child/teen (ages 3 – 17) for the children’s itinerary. Please note, all children who attend the activities must be potty-trained. ***To see the full children’s agenda please visit the convention website.*** All meals during the Children’s Program are included in price. (Does not include meals during Kiwanis agenda or Family Fun Night). If adults wish to accompany their children, they must pay for their own entrance fees and expenses as they wish.

Price: \$25.00 per day or \$45 for both days Quantity _____

Child Name: _____	Age: _____	FRIDAY	SAT.	BOTH
Child Name: _____	Age: _____	FRIDAY	SAT.	BOTH
Child Name: _____	Age: _____	FRIDAY	SAT.	BOTH
Child Name: _____	Age: _____	FRIDAY	SAT.	BOTH
Child Name: _____	Age: _____	FRIDAY	SAT.	BOTH

Guardian/Parent Information: _____

Will you attend children's activities with your child? YES NO

If not person listed above, please list name of guardian/parent who plans to attend activities. Parents do not have to attend children's activities. This is an optional choice:

Emergency Contact Information: _____

Does your child have any special needs or food allergies? Yes/No

Please list ALL allergies:

In case of an emergency, we will make every effort to contact the guardians/parents. If the situation is critical and you cannot be reached, we need to have your permission to obtain necessary treatment for your child.

"In the event my child/children are the victim of an accident or sudden illness and I cannot be reached by telephone, I hereby authorize **Any Sponsors of TX-OK Kiwanis DCON Children's Activities or Employees/Volunteers of the Boys and Girls Clubs of Abilene**, present to take whatever measures are necessary for the emergency treatment of my child. I understand these measures may include: emergency surgery, medication, or whatever is deemed necessary by the attending physician. I fully understand that I am responsible for any expenses incurred as a result of any accident or illness my child may have while on this trip. I do not hold **Any Sponsors of TX-OK Kiwanis DCON Children's Activities or Employees/Volunteers of the Boys and Girls Clubs of Abilene**, responsible for any misfortune which might occur during the DCON Children's Activities."

YES I agree, please sign here: _____

PAYMENT:

Total: _____

Please make checks payable to Kiwanis DCON. Enclose check with this form. Mail To:
Kiwanis Division 35, 473 Cypress Ste. 107 Abilene, TX 79601

Credit Card: (complete the following section and sign)

Type of Card: Visa / MasterCard

Card Number: _____ Expiration (Month/Year): _____

Security Number (CVV Code): _____

Name as it appears on card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

We look forward to seeing you soon in Abilene, Texas!