

**REGISTRATION MUST BE POSTMARKED NO LATER THAN 10 MARCH 2008**

Each member ordering meal tickets or pre-paying registrations need to complete this form. Please make additional copies as needed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Chapter: \_\_\_\_\_ State: \_\_\_\_\_

Yes	No	Event	Cost	Amount Enclosed
___	___	I plan to attend <b>Open House &amp; Tea</b> – National Headquarters Bldg, Sunday afternoon (April 6)	No fee	
___	___	I plan to attend the <b>All Member Forum</b> – Mayflower Hotel, Monday afternoon (April 7)	No fee	
___	___	I would like a reservation for the <b>Fellowship Dinner</b> – Mayflower Hotel, Monday (April 7). <i>Do NOT reserve this dinner if attending State Regents or National Officers Club Dinners.</i> <b>Please check one meal (Price is the same for all):</b> A) Wedge salad, Beef Kabob, Rice, Julliene Vegetables _____ B) Vegetable Plate with Baked Potato _____ C) Fruit Plate with Cottage Cheese _____ <b>Please check one dessert (Price is the same for all):</b> A) Chocolate Poached Pear _____ B) Fruit cup _____	\$64	\$ _____
___	___	I would like a reservation for the Candlelight Dinner – Mayflower Hotel, Tuesday April 8 <b>Please check one meal (Price is the same for all):</b> A) Argula, Stuffed Chicken Breast, Sweet Potatoes _____ Vegetable Plate with Baked Potato _____ B) Fruit Plate with Cottage Cheese _____ <b>Please check one dessert (Price is the same for all):</b> A) Cheesecake with Strawberry Sauce _____ B) Fruit cup _____	\$64	\$ _____
___	___	I would like a reservation for the Golden Acorns Luncheon – Mayflower Hotel, Wednesday April 9 <b>Please check one meal (Price is the same for all)</b> A) Tomato Soup, Steak Caesar Salad _____ B) Vegetable Plate with Baked Potato _____ C) Fruit Plate with Cottage Cheese _____ <b>Please check one dessert (Price is the same for all):</b> A) Opera Cake with Espresso Sauce _____ B) Fruit cup _____	\$45	\$ _____
___	___	I would like to pre-pay my Registration Fee (POSTMARKED by March 10 <sup>th</sup> ). <b>Registrations postmarked after March 10<sup>th</sup>, Registration Fee of \$20 is suggested.</b>	\$10 or \$20	\$ _____
Total amount enclosed (make check payable to National Treasurer, NSDAC) must be postmarked by March 10, 2007				\$ _____

Please send completed form and check to: NSDAC, 2205 Massachusetts Ave N.W., Washington, D.C. 20008

**FOR OFFICE USE ONLY:** Date Processed: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_