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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred Name for Badge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of induction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any that apply:

 Current Chapter President State Officer/Chairman Guest (non-member)

**Indiana State Organization Conference April 23, 2022**

**“Don’t Give Up The Ship – SPRING into Action!”**

*Hendricks County 4-H Fairgrounds • 1900 E Main St. • Danville, IN 46122*

**Registration Form**

Each person attending should submit a separate registration form. **Please print**.

|  |  |  |
| --- | --- | --- |
|  | Member | Guest |
| Registration: (Early Bird – by April 1, 2022) | $50 | $55 |
| Registration: (April 2nd-16th, 2022) | $55 | $60 |
| *Refunds cannot be made after April 16.* |

**Send check(s) and registration form to: Rebecca Foltz, Registrar, 2085 S. Co. Rd. 300 East, Danville, IN 46122**

Photos taken may be published in *The Hoosier Newsette*, on the Indiana State Organization website, and/or on the state Facebook page. If you DO NOT grant permission to have your name and/or photo published, please sign here. Every effort will be made to adhere to your wishes.

***Sign only if you DO NOT grant permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*If you need overnight accommodations, DKG has reserved a block of rooms at:*

*Fairfield Inn & Suites by Marriott, 119 Angelina Way, Avon, IN 46123 (317) 271-9200*

* Please make checks payable to: **Indiana State Org. DKG**
* Check enclosed for: $\_\_\_\_\_\_\_\_\_\_\_

Each person attending must REGISTER and pay for breakfast and lunch.

**Special needs (please specify)**

Diet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_