



United States JCI Senate National Meeting
“Soar to New Heights in Orlando”
Altamonte Springs, Florida
 June 20 – 23, 2012



Name: _____ Senate #: _____ Title: _____

Spouse/Guest: _____ Senate #: _____ Title: _____

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

Phone #: (____) _____ - _____ (h) (____) _____ - _____ (c) Email: _____

Is this your first US JCI Senate Convention? Yes No Spouse/Guest: Yes No

Arrival Date: _____ Time: _____ Airline: _____ Departure Date: _____ Time: _____ Airline: _____

Registration	Fee	Quantity	Total Due
Full: includes hospitality Wednesday – Saturday, luncheons (except 40 th Anniversary lunch) and Saturday banquet	<input type="checkbox"/> \$120.00 <i>Postmark by 5/20/12</i> <input type="checkbox"/> \$135.00 <i>Postmark after 5/20/12</i> <input type="checkbox"/> \$160.00 <i>Onsite</i>	____	\$ _____
Child (under 12) – Full: includes hospitality Wed. - Sat., luncheons (except 40 th Anniversary lunch) & Saturday banquet	\$50.00	____	\$ _____
Tuesday Hospitality (June 19)	\$20.00	____	\$ _____
Daily Hospitality	<input type="checkbox"/> \$20.00 <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	____	\$ _____
Saturday Night Banquet Only	<input type="checkbox"/> \$45.00	____	\$ _____
40 th Anniversary Lunch (Friday)	\$10.00	____	\$ _____
Hal Krekorian Golf Tournament	\$80.00 <i>Postmark by 5/20/12</i> \$80.00 <i>Postmark after 5/20/12</i> \$90.00 <i>Onsite</i>	____	\$ _____
Tours - TBA			
Offsite Fee: applies if not registered at Senate Hotel - \$25.00/per person per day			\$ _____
\$5.00 Discount on Full Registrations Only (cash or check)			\$ _____
Total Due:			\$ _____

What Senate Region are you from? _____

Are you a Veteran: Yes No *If so, which branch* _____

Payment Options:
Make checks payable to: FL JCI Senate Board Meeting
Mail checks & registration form to: Emily Hancock #50399, 4361 Jeremy's Landing Dr S, Jacksonville, FL 32258
 Pay by Credit Card: VISA MasterCard Discover
 Card Number: _____ Expiration Date: _____
 Name as it appears on card: _____ Amount: \$ _____

Hotel Information: Hilton Orlando/Altamonte Springs – 350 N. Lake Blvd., Altamonte Springs, FL 32701
 For reservations, call: (407) 830-1985 --- Ask for Group Code: **FL2012** To make reservations online, please use the following link:
http://www1.hilton.com/en_US/hi/hotel/ALTAHHF-Hilton-Orlando-Altamonte-Springs-Florida/index.do
 Use **Group Code FL2012** in the Group Code Box **Cut-off date for room block:** May 31, 2012
Room rate: \$89.00 single or double (this includes maximum 2 breakfast tickets per room/per day)
 Room rates are effective 5 nights before & 5 nights after conference dates

If you are sharing a room, please indicate name(s) of registered attendees: _____

For more information, please contact: Kay Elliott-White, Co-Chairman @ (863) 670-7309 or jci61747@aol.com
 Cindy Brandel, Co-Chairman @ (863) 634-7022 or cbrandel@embarqmail.com