



ILLINOIS JCI SENATE REGISTRATION FORM



Check One: **September Meeting** **January 27-29, 2012 Meeting** **May Meeting**

Decatur Conference Center and Hotel
4191 West US Highway 36 (Wyckles Road)
Decatur, Illinois 62522

Name: _____ Senate # _____ Region: _____

Spouse/Guest: _____ Senate # _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Rooming With: _____

Reserve Room for: Friday & Saturday Friday Only Saturday Only

Room Requested: Two Double Beds King Smoking Room

Special Needs: _____

Registration Information:

_____ Room Reservation @ \$115.36* (this amount for January 2012 only) \$ _____

_____ Hospitality Ribbon @ \$10 Full Weekend \$ _____

_____ Hospitality Ribbon @ \$5 One Day (Friday or Saturday) \$ _____

_____ TOYP Banquet Tickets @ \$40 (May Meeting only) \$ _____

Meal Choice: Beef Chicken Vegetarian

Make Check Payable to: **Illinois JCI Senate** **Total** \$ _____

Mail check and this form to: Don Falls #40510
1820 Dial Court
Springfield IL 62704

**To ensure your reservation, this form and deposit remitted
to the above no later than three (3) weeks before the event.**

* This amount is due for the room reservation deposit required by the hotel.
The entire amount will be credited to your room account.
If you desire a full Jaycee registration & room reservation,
please do so though the Illinois Jaycee GA committee.