



NARFE FLORIDA, INC.

60TH Annual Convention - May 8 through May 10, 2012

HILTON HOTEL

350 South North Lake Blvd. Altamonte Springs, FL. 32715-9004
407-830-1985 407-830-9378 (FAX)

John Ventura General Chairman - 2980 Ridley Lane North Port, FL. 34286 941-423-7475 president754@comcast.net

Pre-Registration & Delegate Credentials

All Information MUST be in the hands of the Convention Treasurers by April 10, 2012

Registration Fee (Non refundable): Member, Non-Member & Guest Fee is \$10.00 & \$15.00 Late Fee per person

PLEASE PRINT OR TYPE ALL INFORMATION

Chapter # _____	Chapter Name _____	District # _____	
Name _____	Delegate	Place an X in only one box	Fee \$ _____
ID Number _____	Alternnate Delegate	<input type="checkbox"/>	
	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest St. & Ch.	<input type="checkbox"/>	
	Non-Member Guest State	<input type="checkbox"/>	
Name _____	Delegate	Place an X in only one box	Fee \$ _____
ID Number _____	Alternnate Delegate	<input type="checkbox"/>	
	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest St. & Ch.	<input type="checkbox"/>	
	Non-Member Guest State	<input type="checkbox"/>	
Name _____	Delegate	Place an X in only one box	Fee \$ _____
ID Number _____	Alternnate Delegate	<input type="checkbox"/>	
	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest St. & Ch.	<input type="checkbox"/>	
	Non-Member Guest State	<input type="checkbox"/>	

Under the Article of Inc. & Bylaws of NARFE Florida Inc. those named are members in good standing to the 2012 Convention as required in Art. I, Sect. 3 - Art. VIII, Sect.1

Total Check Enclosed from both Front & Back \$ _____

IMPORTANT INSTRUCTIONS

Make check Payable to: NARFE 2012 Convention

Chapter Secretary Date

Send check & original Pre-Registration & Delegate Credentials to:

Ph # E-Mail Address

Mail to: Ruth Blackwell, Treasurer
727 Little Wekiva Circle
Altamonte Springs, FL 32714-2306
407-774-4755 ruthe33@aol.com

IMPORTANT: Make 3 copies:

CONTINUE ON BACK

Original: Treasurer

Copy: 1 per Delegate/Guest

CF-12-0

(This form may be duplicated)

Copy to: Chapter files

Enclosure List Ref: 4

Chapter President/Secretary should bring file to Convention

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

Place an X in only one box

Name _____	Delegate	<input type="checkbox"/>	Fee \$ _____
	Alternnate Delegate	<input type="checkbox"/>	
ID Number _____	CH Voting Delegate	<input type="checkbox"/>	
	CH Alt Voting Delegate	<input type="checkbox"/>	
	Member Guest	St. & Ch. <input type="checkbox"/>	
	Non-Member Guest	State <input type="checkbox"/>	

(This Form May be Duplicated)