

2009 EUROPE REGIONAL CONFERENCE REGISTRATION FORM

AUGUST 5-8: OSLO, NORWAY

Registration Information: Please use one registration form per member. Include guest information on member's form. This form may be copied. No registration by email. To avoid late fee, registration must be postmarked **on or before July 5**. *Note:* We strongly recommend travel and medical insurance.

Mail registration (with credit information/proof of payment) to:

Barbro Sommerset Tel: 0047 61 32 87 08
 Nordre Ålsvei 72 Email: barbro.sommerset@hebb.no
 2770 Jaren
 Norway

Refer questions to:

Anne Marie Solstad Tel: 0047 61 33 53 22
 Grinakerlinna 70 Email: annema.solstad@hebb.no
 2760 Brandbu
 Norway

Participant Information:

Last name _____ First _____ Badge Name _____

Street _____ City _____

State/Province _____ Post Code _____ Country _____

Email _____ Current position (International, State, Chapter) Please state: _____

Chapter _____ State Organisation (Geographic) _____ Year of Initiation _____

Name of Guest(s) _____

Arrival Date _____ Approx. Time _____ Car Bus Train Airline/Flight# _____ (circle one)

Special Needs: Diabetic Vegetarian Other _____ Disability (specify) _____

Photo Release: By your attendance at this event, you are granting your permission to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

Yes No As a 2009-2011 state organization program or membership committee chairman, treasurer, editor or webmaster, I will attend the Leadership Development luncheon on Wednesday, August 5. There is no charge.

Conference Events and Functions

	Cost	Number	Total
Registration Fee (required of all members)			
Regular, postmarked on/before July 5	NOK 600	_____	NOK _____
Late, postmarked after July 5	NOK 900	_____	NOK _____
One day only--(Circle one) August 5 6 7 8	NOK 310	_____	NOK _____
Norway Night, Wednesday, August 5	<i>No charge</i>	_____	<i>No charge</i>
Lunch at the University College, Thursday, August 6	NOK 120	_____	NOK _____
Night on the Town--Oslo Fjord Boat Cruise, Thur., August 6	NOK 420	_____	NOK _____
Lunch at the University College, Friday, August 7	NOK 120	_____	NOK _____
Conference Banquet at SAS Radisson, Friday, August 7	NOK 550	_____	NOK _____
Farewell Luncheon at SAS Radisson, Saturday, August 8	NOK 300	_____	NOK _____
Continuing Education Units: 3 for attendance/participation	NOK 310	_____	NOK _____
<i>(You must register at www.paec.org/deltakappagamma prior to August 3)</i>			SUBTOTAL _____
			NOK _____
Service charge for electronic bank transfer for all but Norwegian members, add NOK 100			NOK _____
Service charge for credit card use, 2.5%			NOK _____
			TOTAL PAYABLE _____
			NOK _____

Payment: Credit card information or proof of payment in NOK for registration and chosen activities must accompany this form. Credit card payments must be payable to The Delta Kappa Gamma European Conference. On-site payments must be by cash.

Credit/debit card payment: MasterCard VISA Please charge the amount of NOK _____ to my credit/debit card.
 Cardholder's Name (as shown on card) _____ Card Number _____
 Security Code (last 3 digits on signature side of card) _____ Issue Date _____ Expiry Date _____
 Cardholder's Billing Address _____

Electronic bank transfer: Account name is "Delta Kappa Gamma European Conference." Members outside Norway: please use our bankers in Norway, quoting Account Number IBAN: NO 25 2020 3263962 SWIFT/BIC:SPTRNO22
 Bank Address: Sparebanken Midt-Norge 7467 Trondheim, Norway

Confirmation and Cancellation Information: Confirmation sent for all registrations received before July 5. **Cancellation:** A person having to cancel will receive a refund provided that a written request is postmarked 15 days prior to the opening day of the conference. No refund for cancellations made *after* July 17 or for no-shows. Cancellations must be sent to Anne Marie Solstad. A bank processing charge of NOK 200 will be claimed on all cancellations, regardless of when received.