



Please complete a form for each person registering.

Name of Registrant: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Local Society (if applicable) _____

Email address for confirmation: _____

Registration:

-
- \$40 (includes Saturday Workshop / Lunch)
- \$75 (includes Friday dinner / Saturday Workshop and lunch)

Mail registration with check payable to "Gulf District" ASAP to:

Kelly Texada

5205 St. Germain Blvd, Alexandria, LA 71303

Or Register online at www.GulfDistrictRose.org