



1445 E. Granada Road
 Phoenix, AZ 85006
 www.pbs1914western.org
 Fax: (602) 340-9874

2011 Western Regional Leadership Conference 03/10/11 – 03/13/11	<h2 style="margin:0;">Registration Form</h2>	31 st Regional Director: Bro. Charles Ranson
SECTION I: GENERAL <i>(Use one from per registrant & please print or type)</i>		
Name: Last: _____		First: _____
Chapter: _____		Chapter Location: _____
Address (include Apt. or Box #): _____		
City/State/Zip: _____		Email Address: _____
Telephone #: Day _____	Evening _____	Fax _____
Emergency Contact: _____		
Name _____		Relationship _____ Telephone # _____
Special Meeting or Meal Accommodation Required? If yes, describe: _____		
Wheel Chair <small>(requires a release form)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Impaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Disability? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____
SECTION II: REGISTRATION STATUS <i>(Check all appropriate boxes)</i>		
A. Registration Status:		
<input type="checkbox"/> Regional Officer	Position _____	<input type="checkbox"/> Chapter President
<input type="checkbox"/> DSC/DSS Member	<input type="checkbox"/> Life Member	<input type="checkbox"/> Alumni Member
<input type="checkbox"/> Past Regional Officer	<input type="checkbox"/> Member-At-Large	<input type="checkbox"/> Female Guest
<input type="checkbox"/> International General Board/Appointed Officer (Title)		<input type="checkbox"/> Collegiate Member
B. Delegate Status:		
<input type="checkbox"/> Delegate-Primary	<input type="checkbox"/> Alternate Delegate	<input type="checkbox"/> Member-at-Large
<input type="checkbox"/> Chapter President's Signature: _____		Yes, Approved By Chapter
SECTION III: FEES		
A. Registration <i>(Check all appropriate boxes)</i>		
Postmarked by:	Alumni	Collegiate
<input type="checkbox"/> 11/01/10 thru 01/15/11 (Early Bird)	<input type="checkbox"/> \$ 145.00	<input type="checkbox"/> \$ 125.00
<input type="checkbox"/> 01/16/11 thru 03/07/11 (Regular)	<input type="checkbox"/> \$ 200.00	<input type="checkbox"/> \$ 150.00
<input type="checkbox"/> After 03/07/11 (Late/On-site)	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 245.00
	Guest (Sigma/VIP)	On-Site
	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> No
	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> No
	<input type="checkbox"/> \$ 90.00	<input type="checkbox"/> Yes
B. To Purchase Additional Event tickets		
	Cost Per Ticket	# of Tickets
1. Honorary/Awards Luncheon (3/12/10)	\$30.00	X _____ = _____
2. Miss WR Beauty Pageant (3/12/10)	\$45.00	X _____ = _____
3. Collegiate Party (3/12/10)	\$10.00	X _____ = _____
C. To Purchase Fee Event Tickets (these events are not included in the registration fee)		
1. Golf Outing (3/11/11)	\$60.00	X _____ = _____
2. Sunday Prayer Breakfast (3/13/11)	Contribution	X _____ = _____
SECTION IV: METHOD OF PAYMENT <i>(Full payment must accompany all registration forms)</i>		
<input type="checkbox"/> Money Order	<input type="checkbox"/> Certified or Cashier's Check	<input type="checkbox"/> Cash (on-site only)
Make check payable to: Phi Beta Sigma Fraternity, Inc.		<input type="checkbox"/> Do Not Send Cash thru the mail
Credit Card: Credit Card registration ONLY available ONLINE!!! www.pbs1914western.org		
Signature: _____		
SECTION V: SIGNATURES <i>(Required on all forms)</i>		



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Registrant Signature:							
Mail All Registration Forms with Fees To:							
Western Regional 2011 * Phi Beta Sigma Fraternity, Inc.; 8887 Autumn Gold Court; Elk Grove, CA 95624							
SECTION VI: NATIONAL OFFICE USE ONLY							
Received By:		Amount		Date		Receipt No.	



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