

☐ Delegate

☐ Alternate Delegate

DELEGATE REGISTRATION FORM
MEA-RETIRED ANNUAL MEETING
Tuesday, April 4, 2017



Name _____

Address _____

City _____ Zip code _____ Phone _____

Region _____ Chapter _____ E-Mail _____

My meal choice is: ☐ Meat ☐ Vegetarian

If your Chapter is not paying for your meal, please give your \$15 individual check (payable to MEA-Retired) to your Chapter President along with this form. Forms will not be processed without payment.

If you are bringing a guest, the meal ticket is \$15. Please include your check (payable to MEA-Retired) for your guest along with your Registration Form.

No. of Tickets _____

Check Amount _____

If you wish to have a name tag for your friend/guest, please fill out this section.

Name _____

Region _____

Questions? Call your Chapter President.



FORM MUST BE COMPLETED AND RETURNED TO YOUR CHAPTER PRESIDENT NO LATER THAN FRIDAY, JANUARY 27, 2017.

If, for any reason, you are unable to attend, please return this form to your Chapter President so that an alternate may be appointed to take your place.