

MEMBER REGISTRATION FORM
Four Freshmen Society Convention - 2004
July 29 - 31, 2004
Grand Rapids, Michigan

Name: _____

Address: _____

Telephone: _____

Email: _____

Note: Please list your names as you wish them to appear on your name tag

List other names for tablemates & their states and country. You must either include payment with this form or have them send in their registration within two weeks from the date of first registered in order to receive preferential seating for group (or to assure seating together).

Hotel Reservations must be made separately.
Be sure to request FFS room block.

Convention Headquarters

Crowne Plaza - Grand Rapids
5700 28th St. SE
Grand Rapids, MI 49546
(800) 227- 6963
(616) 957-1770
Room Rate: \$89.00

Please Check if interested in bus tour
Grand Rapids sightseeing bus tour,
lunch and tour of Frederik Meijer
Gardens & Sculpture Park - \$27.00

Register Early!

Register by May 1st & Save \$15!
Preferred seating for Friday &
Saturday Events!

Registration Fee

\$145 (if postmarked by May 1st)
\$160 (after May 1st)

Cancellation Policy - \$20 per person processing fee will be charged for cancellations made after July 1st but before July 26th. No refunds can be made within 72 hours of convention.

We would encourage registration by check as it eliminates processing fees of credit cards but we certainly accept credit card registration if it is more convenient for you.

Payment by Check

Payment enclosed ____ people @ \$____
(\$145 by May 1st or \$160 thereafter)

Please make checks payable to:
Freshmen Convention 2004

Mail to: Mary Morrison
2171 Teal Ct. SE
Grand Rapids, MI 49546

Payment by Credit Card

Visa _____ MC _____ AmEx _____

Credit Card Number Expires

Authorized Signature

Please print name as it appears on card

Card holders Address