2008 FOUR FRESHMEN SOCIETY CONVENTION Send to: INDIANAPOLIS, IN August 21 to 23, 2008

Four Freshmen Society Convention Sara Lou and Neil Lantz

10911 Innisbrooke Lane Fishers, IN 46037

A. REGISTRATION INFORMATION (317) 849-7443 Name(s) _____ Address Telephone # (_____) email B. TABLE ASSIGNMENT - Tables of 10. List names of those you want at your table. Seating is arranged by postmark date of registration. Be sure your whole table mails in on the same day. C. HOTEL INFORMATION Have you made your SHERATON HOTEL reservation? _____ yes ____ no D. COMMEMORATIVE SHIRTS I would like to order FFS Convention 2008 Commemorative Shirt(s) at \$33 each to be included with registration payment. Men: (____xs) (___small) (___large) (___XL) (___XXL) (___XXXL) (___XXXXL) Women: (xs) (small) (med) (large) (XL) (XXL) (+1X (18-20W)) (+2X (22-24W)) E. TOUR - Tour available on Friday during times when no other convention events are taking place. Departs hotel at 8:30 a.m. and returns to hotel at 1:30 p.m. Cost is \$39 (includes lunch) to be included with registration payment. F. JAM SESSION – Will you play or sing at the Thursday night Jam Session? _____ yes (everyone invited!) ____ no **G. MENU SELECTIONS:** Will you need vegetarian meals? How many? Friday ______ Saturday H. REGISTRATION FEE -\$165 per person if registration is postmarked on or before May 1, 2008. \$175 PER PERSON IF REGISTRATION IS POSTMARKED AFTER MAY 1, 2008. Cancellation policy: Full refund will be made prior to July 1. Between July 1 & July 31 refund minus \$25 processing fee. NO REFUNDS will be made after July 31, 2008. Payment by check is encouraged. Please make checks payable to FFS Convention 2008. Visa, MC, or Am, Ex, may be used. I. PAYMENT SUMMARY REGISTRATION: (\$165 or \$175 after May 1) _____ people @ \$_____ each = \$___ _shirts @ \$ 33 each COMMEMORATIVE SHIRTS: MOTOR COACH TOUR and LUNCH: _____ people @ \$39 each = \$____ NEW MEMBERS ONLY - FOUR FRESHMEN SOCIETY FEE (IF APPLICABLE) \$10 = \$_____ (\$10 per couple OR single) Couple ____ Single ____ Name(s) if different from above _____ CHECK NUMBER _ TOTAL = \$ CHARGE _____VISA _____MC ___AmEx _____ Expiration Date 3 digit CVCC number on back of card ______4 digit number on front for AmEx Signature Print Name as on Card

Card Holder's Address