



COMMANDERS' WORKSHOP

9 -12 October 2003

REGISTRATION FORM REQUIRED

PLEASE PRINT:

Name: _____	Street _____	Rank _____
CAP # _____	City State _____	Zip _____
Phone _____	Unit _____	Gender <input type="checkbox"/> Male
Title _____	E-mail: _____	circle one: <input type="checkbox"/> Female

Whom should be called In case of an Emergency? Name _____ Phone (_____) _____
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I will NOT attend because _____. I will be represented by _____ . Please return your form together with your representative's form.

I will attend & plan to arrive by: 2000, Thursday, 9 Oct 2000, Friday, 10 Oct 0730, Saturday, 11 Oct

I will arrive by Aircraft on (circle one) Thursday – Friday – Saturday. ETA is _____ at Breezy Point Airport.

I wish to share a room with a certain person. Print their name: _____

My spouse (name) _____ is accompanying me & wishes to participate in the "Spouses Day Out" on Saturday Yes No

I understand I will be assigned a roommate. Indicate preference: smoker non smoker either
IF, you wish to have a private room and NOT share a room with another person, you must select that option below

Choose OPTION(s) by filling in the dollar amount below.

\$_____ + \$298 Package for Deputy arriving Thursday for New Commander's Orientation & Workshop. (3 nights shared lodging, 3 continental breakfasts, Friday lunch, Saturday refreshments Saturday dinner and Orientation & Workshop course materials).

\$_____ + \$193 Package for Deputy arriving Friday for Workshop. (2 nights shared lodging, 2 continental breakfasts, Saturday refreshments, Saturday dinner & Workshop course materials)

\$_____ + \$62 Thursday private room Lodging (for those who wish to arrive a day early)

\$_____ + \$31 Thursday private room Lodging (Invitees)

\$_____ + \$31 Friday private room Lodging

\$_____ + \$31 Saturday private room Lodging

\$_____ + \$62 Sunday private room Lodging (for those who wish to depart a day later)

\$_____ + \$23 Guest Saturday dinner. Guest's name _____

\$_____ = TOTAL AMOUNT ENCLOSED Check # _____ Payable to "Minnesota Wing CAP" (Date Recd _____)

Form MUST be returned to **arrive not later than Friday, 5 September**, to Maj. Victoria Rock, 2404 Hillsboro Ave. N., Mpls, MN 55427

NO late forms or walk-ins are possible nor optional cost refunds because of Minnesota Wing financial commitments.