



MEAL PACKAGE SELECTION FORM

IF NOT ALREADY REGISTERED,
PLEASE ALSO FILL OUT THE REGISTRATION FORM

As you select your meal packages, you may select the DATED BILLING option or the SINGLE PAYMENT option.

DATED BILLING OPTION

If you wish to opt for the DATED BILLING, you will need to make your Institute meal selections by December 15th, 2009.

DATED BILLING will consist of 6 equal installments
First payment due JANUARY 15TH, 2010
Last payment due JUNE 15TH, 2010

DATED BILLING prices (including transaction fees) are:
PDGs, DGs, Spouse/Guest: \$312/person or \$52/person monthly payments

DGEs, DGNs, DRFCs, DTs, Spouse/Guest (*Includes lunch on Sunday*):
\$342/person or \$57/person monthly payments

SINGLE PAYMENT OPTION

If you wish to opt for the SINGLE PAYMENT, you will need to make your Institute meal selections by June 15, 2010 to qualify for the "Early Bird" prices.

SINGLE PAYMENT prices are:
PDGs, DGs, Spouse/Guest:
\$295/person "Early Bird", \$345/person after June 15, 2010

DGEs, DGNs, DRFCs, DTs, Spouse/Guest (*Includes lunch on Sunday*):
\$325/person "Early Bird", \$375/person after June 15, 2010

Mail this form with your check (payable to Rotary Zones 28-29)
or your credit card information to:

PDG Jim Karolyi
1865 Pebble Creek Dr.
Canton, Mi 48188

Or FAX to: 734-641-6017

Cancellation fees apply

Name _____

Rotary Title _____

REGISTRATION FEE

- \$150 Registration fee (if not already paid) (before Dec. 31, 2009)
 \$200 Registration fee (if not already paid) (after Dec. 31, 2009)

MEAL PACKAGE DATED BILLING

DATED BILLING offer expires December 15, 2009

- \$312 PDG, DG Meals
 \$312 Spouse/Guest Meals

 \$342 DGE, DGN, DRFC, DT Meals
 \$342 Spouse/Guest Meals

MEAL PACKAGE SINGLE PAYMENT

Before June 15, 2010

- \$295 PDG, DG Meals
 \$295 Spouse/Guest Meals

 \$325 DGE, DGN, DRFC, DT Meals
 \$325 Spouse/Guest Meals

After June 15, 2010

- \$345 PDG, DG Meals
 \$345 Spouse/Guest Meals

 \$375 DGE, DGN, DRFC, DT Meals
 \$375 Spouse/Guest Meals

TOTAL \$ _____

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- VISA MASTERCARD

Name on credit card _____

Credit Card Number _____ - _____ - _____ - _____

Expiration Date (Month /Year) _____ / _____

Security Code Number _____ (three digits on back of credit card)

Billing Zip Code _____