Testimonial Banquet Committee
REGISTRATION FORM

(Please Print)

(ONE TESTIMONIAL RESERVATION REQUEST FORM PER PERSON)

Today's date:					Organization / Court:	
TESTIMONIAL RESERVATION REQUEST FORM						
Last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.		
Are you a Grand officer? ❑ Yes ❑ No	If so, what is your title?					
Street address:		Email address:			Contact phone no.: ( )	
Suite no/ Apt no:	City:		State:		ZIP Code:	
					Fax no.: ( )	

IN CASE OF EMERGENCY			
Name of friend or relative:	Relationship:	Contact phone no.: ( )	Work phone no.: ( )

Hotel Accommodation: Rate of $119.00 per night (plus tax and charges)
~ Limited rooms available at this discount rate ~
Reserve your room by **March 30th**

To make your reservation- contact the reservation department of Hilton New Bern Riverfront directly at (252) 638-3585 and mention "Bettye Spencer Testimony Banquet" in order to receive this discount rate

Registration Fee: $ 125 per person (**ADVANCE SALE ONLY**)
Fee includes: registration, Light Hors d' oeuvres, Lunch & Dinner)
Attire: Semi Formal or Formal

Payment Deadline: March 30, 2012 (Envelopes must be postmark by March 25th)
Make checks or money order payable to: Bettye Spencer Testimony Banquet
- DO NOT SEND CASH -

Please remember:
( ) Complete Testimonial Reservation Request Form
( ) Payment of $ 125

Submit required materials to:

Testimonial Banquet Committee
c/o PMAM Shirley Gooding
PO Box 15572
New Bern, North Carolina 28561-5572

For additional info: TestimonialCommittee@gmail.com