



EPSILON SIGMA ALPHA

2019 INTERNATIONAL CONVENTION
'MERRIMENT & MEMORIES' MEMPHIS STYLE
JULY 17 - 21, 2019
SHERATON MEMPHIS DOWNTOWN
250 N MAIN ST - MEMPHIS TN 38103
888-627-7220



MEMBER NAME _____ MEMBER NUMBER/STATE _____ / _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ CELL _____ EMAIL _____
CHAPTER NAME _____ CHAPTER # _____ STATE COUNCIL _____
DATE OF ARRIVAL _____ TIME OF ARRIVAL _____ FLY/ DRIVE USING SCOOTER Y/N
ROOMMATE(S) _____

CHECK ALL THAT APPLY

- First IC Convention Pledge ELAN Collegiate Member - Campus HQ Staff
ESA Foundation Board IC Elected/Appointed Board Past IC President (year)
2018-2019 State President - State 2019-2020 State President - State
Previous State President - State(s)/Year(s) Served with:
I will be recognized at convention for my years of ESA Service: 25 30 35 40 45 50 55 60 65 70 (Please circle)
Medical Food Allergy: The hotel will do its best to accommodate MEDICAL Food Allergy requests only.
Allergy alert for (Additional costs may apply.)

Table with 2 columns: Registration Fee Description and Circle Amount. Rows include Member Full Registration Fee, Member Fri & Sat Registration Fee, Member Sat Registration Fee, Member/Non-Member Walk-in Registration Fee, and PICP No-Host Luncheon.

CONVENTION HOTEL ROOM RATES

Room rates are \$151, plus tax. Rates are available for July 12, 2019 thru July 21, 2019
To receive the group rate, you MUST make reservations by June 19, 2019.
Call 888-627-7220 for reservations and reference

Epsilon Sigma Alpha International 2019 Convention rate or click on the following: Book your group rate for Epsilon Sigma Alpha 2019

Member Name and Number as listed on first page

MEMBER MAY NOT REGISTER AS NON-MEMBER FOR ANY EVENT

NON-MEMBER NAME _____

Please indicate if special guest of the following: ALSAC EASTER SEALS

INCOMING IC PRESIDENT OTHER (Please specify) _____

	<u>CIRCLE AMOUNT</u>
NON-MEMBER FULL REGISTRATION FEE	<input type="checkbox"/> Postmarked by May 1, 2019 \$250
Includes general assemblies, workshops, welcome party, recognition luncheon and banquet	<input type="checkbox"/> Postmarked May 2 – June 1, 2019 \$275
	<input type="checkbox"/> After June 1, 2019 (see payment note below)..... \$275
NON-MEMBER attending WELCOME PARTY	<input type="checkbox"/> Postmarked by June 1, 2019 \$ 65
	<input type="checkbox"/> After June 1, 2019 (see payment note below)..... \$ 70
NON-MEMBER attending RECOGNITION LUNCHEON	<input type="checkbox"/> Postmarked by June 1, 2019 \$ 50
	<input type="checkbox"/> After June 1, 2019 (see payment note below)..... \$ 55
NON-MEMBER attending BANQUET	<input type="checkbox"/> Postmarked by June 1, 2019 \$ 80
	<input type="checkbox"/> After June 1, 2019 (see payment note below)..... \$ 85
YOUTH REGISTRATION FEE	<input type="checkbox"/> Postmarked May 1, 2019 \$250
Includes general assemblies, welcome party, recognition luncheon and banquet	<input type="checkbox"/> Postmarked May 2 – June 1, 2019 \$275
	<input type="checkbox"/> After June 1, 2019 (see payment note below)..... \$275

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***List food allergies for
non-members on page one,
indicating who has the allergy.
.....

SUBTOTAL NON-MEMBER REGISTRATION: \$ _____
ENTER TOTAL FROM FIRST PAGE: \$ _____
TOTAL REGISTRATION: \$ _____

MEN’S GOLF . . . Indicate days you would like to play golf.

I wish to golf: Monday Tuesday Wednesday Thursday Friday Saturday

SELECT ONE PAYMENT TYPE

REGISTRATION IS NON-TRANSFERABLE

**** PAYMENT NOTE:** Payment after June 1, 2019 must be paid by **MONEY ORDER, CERTIFIED CHECK, CASH OR CREDIT CARD AND MAILED TO THE IC REGISTRATION CHAIR BEFORE JUNE 18, 2019. After June 18, 2019, mail registration form only – DO NOT SEND PAYMENT. Email the registration chair that the form has been mailed and bring copy of registration form with money order, certified check, cash or credit card to the IC Convention.**

Check Money Order Make payable to: **ESA IC 2019 Convention**
A \$45 fee will be assessed for any returned check.
 Credit card** Visa MasterCard American Express Discover

***A fee of 4.5% of the total charge will be added.*

Credit Card # Exp. date _____ security code _____

Name EXACTLY as it appears on credit card _____

Billing address of credit card holder _____

Cardholder Signature (required) _____

CANCELLATION: If you find it necessary to cancel this registration, the full amount less a \$15 processing fee will be refunded when WRITTEN cancellation is postmarked NO LATER THAN JUNE 15, 2019. NO REFUNDS AFTER JUNE 15.

Mail registration form with payment to: SONIA ROBERTSON, IC REGISTRATION CHAIR

PO BOX 292; MALVERN AR 72104; 501-815-3696

E-mail registration form with payment to: ic2019memphisreg@gmail.com

Link : [Book your group rate for Epsilon Sigma Alpha](#)