

**2010 District 6250 Conference Registration Form  
Radisson Hotel La Crosse, May 21-22, 2010  
La Crosse, WI**

**1.) Guest One**

A.) Rotarian Name as it should appear on badge: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Club: \_\_\_\_\_

B.) If you are a Rotaract or Interact attendee, please indicate here:     Rotarian     Rotaract     Interact

**2.) Guest Two—if necessary**

A.) Name as it should appear on badge: \_\_\_\_\_ Age if child \_\_\_\_\_

B.) If you are a Rotaract or Interact attendee, please indicate here:     Rotarian     Rotaract     Interact

**3.) Guest Three—if necessary**

A.) Name as it should appear on badge: \_\_\_\_\_ Age if child \_\_\_\_\_

B.) If you are a Rotaract or Interact attendee, please indicate here:     Rotarian     Rotaract     Interact

**4.) Registration and Fees**

Meals and Events	Guest One	Guest Two	Guest Three
Attending Conference but NO MEALS	<input type="checkbox"/> NO MEALS	<input type="checkbox"/> NO MEALS	<input type="checkbox"/> NO MEALS
Friday Lunch	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Friday Child Care		<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
Friday Pizza Cruise (Youth Exchange, Rotaract, Interact Only)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Friday Dinner	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Saturday Breakfast	<input type="checkbox"/> \$16	<input type="checkbox"/> \$16	<input type="checkbox"/> \$16
Saturday Child Care		<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
Saints Tour		<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
Saturday Lunch	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Sinners Tour		<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
Saturday Dinner	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
<b>Registration Total</b>	_____ + _____ + _____ =		<b>\$ TOTAL</b>

**5.) Payment Information - PAYMENT MUST ACCOMPANY ALL REGISTRATIONS**

Total fees from Section 4 above (all registrants and guests) \$ \_\_\_\_\_

Credit Card Payment: (Circle One)    Visa    MasterCard    Discover

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**If payment by credit card**, return this form by fax to (608) 204-9818 or send to address below.

**If payment by check**, make payable to:

**Rotary 6250 Conference and send to: Rotary District 6250, 2830 Agriculture Drive, Madison, WI 53718**

**Questions: Call Rotary 6250 at 608-204-9835 or visit [www.rotary6250.org](http://www.rotary6250.org)**