



25TH ANNIVERSARY CELEBRATION CONFERENCE
FEBRUARY 5-8, 2009
THE RITZ-CARLTON SAN JUAN HOTEL, CAROLINA, PUERTO RICO
REGISTRATION FORM
Deadline: December 15, 2008

CONFERENCE REGISTRATION - \$1,250 per person

Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Tel: _____ Office Tel: _____ Fax: _____

E-Mail: _____

Spouse: _____

Family Member(s): _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

NUMBER OF PEOPLE ATTENDING: THURSDAY, WELCOME RECEPTION _____
 FRIDAY, HELLENIC GLENDI _____
 SATURDAY, GRAND BANQUET _____

CONFERENCE REGISTRATION FEES (Registration Form will not be processed without payment)
 Fee includes all conference events (All 3 evening events, Thursday Breakfast and Luncheon, Friday Luncheon, Bible Study, all Forums and Workshops, and all Conference materials). Guests, Golf and Tennis Tournaments are additional. (Please complete registration for these using supplemental registration form attached.)

THERE WILL BE A 50% REFUND OF REGISTRATION FEE PRIOR TO JANUARY 1, 2009

NO REFUNDS WILL BE MADE AFTER JANUARY 1, 2009

Conference Registration:

Leadership 100 Members/Spouses	_____	individuals	@ \$ 1,250 per person	\$ _____
Young Professionals (21-35)	_____	individuals	@ \$ 600 per person	\$ _____
Young Adults (17-20)	_____	individuals	@ \$ 300 per person	\$ _____
Children (16 and under)	_____	individuals	@ \$ 150 per person	\$ _____
Guests (sponsored by Member)	_____	individuals	@ \$ 1,650 per person	\$ _____
Golf Tournament Registration	_____	players	@ \$ 350 per person	\$ _____
Tennis Tournament Registration	_____	players	@ \$ 200 per person	\$ _____
Guests for Grand Banquet only	_____	individuals	@ \$ 400 per person	\$ _____
TOTAL AMOUNT ENCLOSED				\$ _____

METHOD OF PAYMENT:

CHECK My/our check is enclosed. Please make checks payable to: **Leadership 100**
 Mail to: Olympic Tower 645 Fifth Avenue, Suite 906, New York, NY 10022

CREDIT CARD (Please specify) MasterCard Visa American Express Discover

AN ADMINISTRATIVE FEE OF 2.5% WILL BE ADDED TO ALL CREDIT CARD PAYMENTS.

Number: _____ Exp. Date: _____

CVV # _____ (number appears on front or back of credit card)

Name on Card: _____

Signature: _____