



# Change Form for Delegates

## Registration Fees:

Early Registration (By June 23): \$185  
 After June 23: \$205

This form is to report delegate changes. Please report changes as soon as they occur. Make a copy of this form for your records. If the person you are adding is a life member or state board member put "V" in the fee area and PSE will waive the registration fee.

**Chapter Name & Number:** \_\_\_\_\_

There is no fee for replacing delegates; however, you must pay the registration fee for any additional delegates.

### Delete Delegate

|             |      |                         |     |                     |
|-------------|------|-------------------------|-----|---------------------|
| Name        |      | Home Phone # (Optional) |     | Registration Fee \$ |
| Home Email: |      | Cell Phone # (Optional) |     |                     |
| Address     | City | State                   | Zip |                     |

### Add Delegate

|             |      |                         |     |   |    |
|-------------|------|-------------------------|-----|---|----|
| Name        |      | Home Phone # (Optional) |     | Registration Fee \$                           |    |
| Home Email: |      | Cell Phone # (Optional) |     | Will you attend the Leadership Training Expo? |    |
| Address     | City | State                   | Zip | YES   | NO |

|  |     |    |                      |     |    |
|--|-----|----|----------------------|-----|----|
| Was this person previously reported as an alternate? | Yes | No | First Time Attendee? | Yes | No |
|--|-----|----|----------------------|-----|----|

**Meals**  
**Saturday Lunch Selection:**  
 All boxed lunches include chips, pasta salad and a cookie.

Turkey & Havarti      Roasted Portobello      Chicken Caesar

**Saturday Banquet Selection:**  
 Inland Empire Prime Rib – Buffet

Chef-carved spice-crusted prime rib of beef with horseradish **and** au jus, Chicken Marsala, au gratin potatoes, and grilled vegetable medley.

**Please list dietary needs (gluten-free, etc.):**

### Delete Delegate

|             |      |                         |     |                     |
|-------------|------|-------------------------|-----|---------------------|
| Name        |      | Home Phone # (Optional) |     | Registration Fee \$ |
| Home Email: |      | Cell Phone # (Optional) |     |                     |
| Address     | City | State                   | Zip |                     |

Continued on Next Page....

## Add Delegate

|  |                         |   |        |
|--|-------------------------|---|--------|
| Name   | Home Phone # (Optional) | Registration Fee \$                           |        |
| Home Email:  | Cell Phone # (Optional) | Will you attend the Leadership Training Expo? |        |
| Address  | City                    | State   | Zip    |
|  |                         | YES   | NO     |
| Was this person previously reported as an alternate?   |                         | Yes   | No     |
|  |                         | First Time Attendee?                          | Yes No |
| <b>Meals</b>   |                         |   |        |
| <b>Saturday Lunch Selection:</b>   |                         |   |        |
| All boxed lunches include chips, pasta salad and a cookie.   |                         |   |        |
| Turkey & Havarti   | Roasted Portobello      | Chicken Caesar                                |        |
| <b>Saturday Banquet Selection:</b>   |                         |   |        |
| Inland Empire Prime Rib – Buffet   |                         |   |        |
| Chef-carved spice-crusted prime rib of beef with horseradish <b>and</b> au jus, Chicken Marsala, au gratin potatoes, and grilled vegetable medley. |                         |   |        |
| <b>Please list dietary needs (gluten-free, etc.):</b>  |                         |   |        |

Please make checks payable to **PSE of Washington**

Total Enclosed: \$ \_\_\_\_\_

If changes need to be made **after Friday, July 28, 2017**, this form or a letter **MUST** be prepared and signed by your chapter president, treasurer or delegate chairperson and **hand carried** by the delegate to the PSE registration counter at convention. If you attempt to mail this form after Friday, July 28, we may not receive it in time.

**I, Chapter President or Treasurer certify that the delegate additions were duly elected according to the PSE State Bylaws, Article IX & X.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position (Chapter President or Treasurer): \_\_\_\_\_

**Mail completed form to:**

KF Events LLC  
 Attn: PSE Registrar  
 PO Box 3069  
 Lynwood, WA 98046

Telephone: (866) 820-5652, x7441  
 Fax: (206) 529-4999