2010 RiteCare® Conference

April 15–16, 2010 • Sheraton Canal Street Hotel, New Orleans, Louisiana

REGISTRATION FORM

Please use a separate form for each participant.
Additional forms may be found at www.scottishrite.org/srmasons/conventions.html

Name ..... Title .....

Organization .....

Address .....

City ..... State ..... ZIP .....

Phone ..... Fax .....

Email .....

(Registration confirmation will be sent to this address.)

Special Dietary Needs: ❑ None ❑ Vegetarian ❑ Allergies: .....

❑ Other: .....

CONFERENCE FEE

RiteCare® participants..... $320.00

Active Members & Deputies
of the Supreme Council $320.00

Graduate student registration $220.00

Spouses..... $120.00

(Graduate students who are recipients of a Scottish Rite scholarship are eligible to register and attend the convention.)

PAYMENT METHOD

❑ Check *(Please make checks payable to: **Supreme Council, 33°**)*

❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card Number | | | | | | | | | | | | | | | | Exp. Date .....

Card Holder ..... Signature .....

Please send completed registration forms with payment to:
The Supreme Council, 33°; 1733 16th Street, NW; Washington, DC 20009–3103
If paying by credit card, completed forms may be faxed to 202–464–0487.