WORKING ALUMNI REGISTRATION FORM

NAME: ______________________________________________________________

E-MAIL ADDRESS: _______________________________________________________

PREFERRED ROOMMATE:** ______________________________________________

**PLEASE NOTE: While we will try to make all room assignments as you request, we cannot guarantee that you will be rooming with the person named. Thank you for understanding.

If you are attending as a working alumnus/a, please email alphaomegaptk2001@gmail.com to let us know we will see you there. Watch your email for “job” opportunities for working alumni.

_____ I WILL ATTEND THE REGIONAL HONORS INSTITUTE

$50 REGISTRATION FEE FOR WORKING ALUMNI

Registration Fee (# of attendees x $50 - includes registration, meals and dorm – Due June 13th)

Registration Fee AFTER June 13th - $100 (# of attendees x $100)

NO Registration AFTER June 27th

TOTAL REGISTRATION FEES SUBMITTED $________________

MAKE CHECKS PAYABLE TO: PHI THETA KAPPA CAROLINAS REGION

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Beth Carraway, Coordinator, Phi Theta Kappa Carolinas Region, Horry-Georgetown Technical College, 4003 S. Fraser Street, Georgetown, SC 29440. E-Mail: beth.carraway@hgtc.edu