

SUBORDINATE CHAPTER ELECTED LINE OFFICER SEMINAR  
REGISTRATION FORM

(ONLY ONE SUBORDINATE CHAPTER ELECTED LINE REGISTRANT PER FORM)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CHAPTER NAME & NO. \_\_\_\_\_ DISTRICT: \_\_\_\_\_

OFFICE YOU ARE HOLDING: \_\_\_\_\_

SPOUSE OR TRAVELING COMPANION ATTENDING? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES: NAME: \_\_\_\_\_

CHAPTER NAME AND NO. \_\_\_\_\_

COST: \$35.00 \_\_\_\_\_ (ELECTED LINE OFFICER)

\$25.00 \_\_\_\_\_ (SPOUSE/TRAVELING COMPANION)

Enclose your check and mail to:

Jane VanArsdall, PGE  
513 W. Washington  
Quincy, FL 32351  
850-875-2192