

REGISTRATION FORM
SECRETARY AND TREASURER RETREAT
July 18 -19, 2025 – St. Augustine, Florida

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____

CHAPTER NAME / NO. _____

OFFICE/TITLE _____

(PLEASE MARK ALL APPLICABLE)

\$ _____ I WILL ATTEND - **\$40.00** REGISTRATION FEE ENCLOSED. IT IS IMPORTANT TO
SELECT ONE BREAKOUT SESSION: _____ SECRETARY _____ TREASURER

\$ _____ SPOUSE/TRAVELING COMPANION - LUNCH ONLY **\$ 29.00**
NAME OF SPOUSE/TRAVELING COMPANION/TITLE

\$ _____ I WILL NOT BE ABLE TO ATTEND, BUT REQUEST A COPY OF THE
INFORMATION AT A COST OF **\$12.00**, TO BE PICKED UP AT RETREAT BY:

\$ _____ POSTAGE - IF RETREAT INFORMATION TO BE MAILED **\$ 5.00**

\$ _____ TOTAL ENCLOSED CHECK NUMBER _____

MAIL FORM WITH CHECK PAYABLE TO: MARGARET R. NATHURST
3275 AVOCADO DRIVE
FORT MYERS, FLORIDA 33901

REGISTRATION CUT OFF DATE - JULY 11, 2025

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Sent With The Approval Of The Worthy Grand Matron