

Midterm Registration Form

Name: _____ Club Name: _____

State Position Held: _____

Local Club Position Held: _____

Any Dietary/Handicap Needs: _____

When do you plan to arrive? _____ Who are you rooming with? _____

Completed form & non-refundable registration fee of \$25 (check payable to NYSOMOTC) must be received by October 1st. Mail to Midterm Chairman (see Executive Board Directory for name and address).