



Registration Form for the  
Phi Theta Kappa 2004 Nevada/California Regional Conference  
Hosted by the Beta Kappa Delta Chapter of Santa Monica College  
April 30 – May 2, 2004

*Please complete the following information and keep a copy for your records.*

College Name \_\_\_\_\_

Chapter Name \_\_\_\_\_

Chapter Address \_\_\_\_\_

Person responsible for this application \_\_\_\_\_ Email: \_\_\_\_\_

To receive the rate of \$99 per person, this form and accompanying payment must be postmarked no later than April 1, 2004. The registration fee is \$119 per person from April 2 to April 22, 2004. There will not be on-site registration.

	<u>Postmarked on/before April 1</u>	<u>Postmarked April 2 -22</u>		<u>Amount Due</u>
1. Number of Advisors:	_____ @ \$99	_____ @ \$119	=	_____
2. Number of Members:	_____ @ \$99	_____ @ \$119	=	_____

**Total Due**

\_\_\_\_\_ Please indicate the number of vegetarian lunches you want.

\_\_\_\_\_ Please indicate the number of vegetarian dinners you want.

**Make your check payable to Phi Theta Kappa SMC and mail it with this form to:**

**Jean Gorgie, Phi Theta Kappa Advisor  
Santa Monica College  
1900 Pico Boulevard  
Santa Monica, CA 90405**

**For additional information, contact the Beta Kappa Delta Chapter President Ray Emanuel at [ray4ptk@yahoo.com](mailto:ray4ptk@yahoo.com).**