



**2019 Interim Board  
November 1-2, 2019**

Hampton Inn & Suites- Mount Juliet  
5001 Crossings Cir.  
Mount Juliet, TN 37122  
Phone: (615) 553-5900  
Interim Board Chair: Amber Farley

Mail registration to: Samantha Price  
Registration Chair – BPW/TN  
2412 Circleview Dr  
Johnson City, TN 37604  
Phone: (Cell) 423-291-1607  
Email: [Samantha.ashley06@gmail.com](mailto:Samantha.ashley06@gmail.com)

Make checks payable to: BPW/TN Convention

Please type or print in **black** or **blue** ink.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Organization: \_\_\_\_\_

Email: \_\_\_\_\_

First-timer to attend a BPW/TN Interim Board: \_\_\_\_\_

Please check the functions you plan to attend:

**\*The Meet & Greet and Pizza Party are complimentary- but please indicate if you plan to attend.**

	<b>Before 10/20/2019</b>	<b>After 10/20/2019</b>
<b>REGISTRATION FEE</b>	\$30.00 _____	\$35.00 _____
<b>FRIDAY 7 PM- MEET &amp; GREET</b> * Snacks provided*	\$0.00 _____	\$0.00 _____
<b>SATURDAY LUNCHEON</b> A selection of soups and sandwiches	\$20.00 _____	\$25.00 _____
<b>SATURDAY PIZZA PARTY</b> Casual gathering with a Pizza Party	\$0.00 _____	\$0.00 _____
TOTAL AMOUNT Enclosed	\$ _____	\$ _____
Visitor's Pass (Fri. & Sat.-Convention)	\$ 15.00 _____	\$20.00 _____
One Day Registration	\$ 15.00 _____	\$20.00 _____
TOTAL AMOUNT Enclosed	\$ _____	\$ _____

**I AM REGISTERING AS:**

- \_\_\_\_\_ State Officer
- \_\_\_\_\_ Regional Director
- \_\_\_\_\_ LO President (2019-2020)
- \_\_\_\_\_ Local President's Representative
- \_\_\_\_\_ Governance Chair
- \_\_\_\_\_ Past State President
- \_\_\_\_\_ Local Delegate (MOL or SOL)
- \_\_\_\_\_ Local Member (1-Day)
- \_\_\_\_\_ Parliamentarian
- \_\_\_\_\_ Sub/Special Committee Chair
- \_\_\_\_\_ Member-at-Large
- \_\_\_\_\_ Member-at-Large (1 Day)
- \_\_\_\_\_ Young Careerist – ALT
- \_\_\_\_\_ ID Participant
- \_\_\_\_\_ Local President (2018-19)
- \_\_\_\_\_ Visitor
- \_\_\_\_\_ Guest

( Guest Name: \_\_\_\_\_ )

State Officers, Regional Directors, Standing Committee Chairs, Parliamentarian, Immediate Past State President –  
SEND CHECK FOR NON-EXEMPT EVENTS ONLY

**Dietary Restriction: If you have dietary, restrictions because of health please describe:**

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