



EARLY BIRD REGISTRATION FORM

Convention
JULY 20-24, 2011

Leadership Development
and Membership Training
JULY 18-19, 2011

Sheraton Atlanta
165 Courtland Avenue
Atlanta, GA 30303
800 . 833 . 8624

NAME : _____
 ADDRESS : _____
 CITY, STATE, ZIP : _____
 PHONE / CELL : _____
 EMAIL : _____
 CHAPTER : _____ MEMBER # : _____
 Location: _____
 Region: _____
 Officer Title: _____

- Check **ALL** that apply:
- | | | |
|--|--|---|
| <input type="checkbox"/> Delegate* | <input type="checkbox"/> Chapter Officer | <input type="checkbox"/> Platinum Life Member |
| <input type="checkbox"/> Alternate Delegate* | <input type="checkbox"/> DSC Member | <input type="checkbox"/> Sapphire Life Member |
| <input type="checkbox"/> International Officer | <input type="checkbox"/> Male Guest | <input type="checkbox"/> Gold Life Member |
| <input type="checkbox"/> Sigma Beta | <input type="checkbox"/> Female Guest | |

Guest of : _____

* If a Delegate, please check **ONE**: *Delegate or Alternate Delegate*

**Early Bird
Registration Rates**
(check one)

Apr - Sep 2010	<input type="checkbox"/> Alumni : \$425	<input type="checkbox"/> Collegiate : \$275	<input type="checkbox"/> Guest : \$275
Oct - Dec 2010	<input type="checkbox"/> Alumni : \$475	<input type="checkbox"/> Collegiate : \$325	<input type="checkbox"/> Guest : \$325

Mail Registration Form
with payment to :

Conclave Atlanta 2011
Phi Beta Sigma Fraternity, INC
145 Kennedy Street, NW
Washington, DC 20011-5260

Payment Method
(check one)

- Check
 Money Order
 Certified Check
 Credit Card VISA MasterCard AMEX Discover

Card Number _____ Exp. Date _____

Signature _____