REGISTRATION FORM

Name:								
First Name Middle Initial					Last Name			
Mailing Address:	Number an	d Street Name or	r P.O. Boy					
City: 5			_ State: Zip:					
Telephone: ())		E	mail:					
Chapter:		Chapter	Chapter Type:		Collegiate	e Mem	Member at Large	
Membership Number:	ship Status (Chec	ck all that apply)	Life Merr	nber OSSR	DSC	New Initiate		
First Time Conference Attendee?		Are you a dele	egate? Prima	ary Delegate	Alternate Deleg	gate No	n-Delegate	
Chapter Position: President	Secretary	Treasurer	Program Director	Collegiat	e Advisor S	Sigma Beta Clu	b Advisor	
Preferred Committee (optional):	Selection of C Auditing	Committee does Collegiate	-	ntee being placed on committee Conference Evaluation Credentials			tions	
	Grievance	Law & Revi	ision Neo	crology	Nominating	Resolutions		
	Time & Pla	ce Awards						
Alternate Committee (optional):	Auditing Collegiate Affairs Conference Evaluation			Credentials	Credentials Elections			
	Grievance	Law & Revi	ision Neo	crology	Nominating	Resolutions		
	Time & Pla	ce Awards						
Restrictions: Vegetarian/Vegan	Diabetic	Wheelchair	Other:					
State Officer:				Pa	ast State Director?	Yes No		
Regional Officer:								
General Board Officer:								
D			ce Registratio ed or post dat		am. 20. 2025			
<u></u>	gistration n	iust be receiv	eu or post aut	eu by rebrui	ury 20, 2025			
Early Registration Dec. 27th- Jan Alumni- \$115 Collegiate- \$105	. 27th	General Registration Jan. 28th- Feb. 28th Alumni- \$130 Collegiate- \$120						
	Total Amount Enclosed: \$							
		Note: Chapter	Registration is I	not allowed				
Please submit payment via Payl	Pal to <u>GEORG</u>	IASIGMAS@GN	<u>MAIL.COM</u> and Mail to	email comple	ted form to <mark>geori</mark>	igasigmas@c	<u>ımail.com</u> ; or	
	Phi	-	iternity, Inc. – S	tate of Georg	ia			
			O Box 720573 anta, GA 30358					
	Have you		ır payment via		s No			
		submitted you		rayrai ies				