



Beta Sigma Phi - Houston City Council
 2020 Texas State Convention
 Embassy Suites – Energy Corridor - Houston
 April 9-11, 2021

REGISTRATION FORM

MEMBER AND GUEST INFORMATION FORM

MUST BE SUBMITTED WITH THIS REGISTRATION FORM

PLEASE PRINT

Member Name _____ Phone _____

Email _____ Guest Name _____

TYPE OF REGISTRATION	<u>DEADLINE</u>	COST	AMOUNT ENCLOSED
<u>MEMBER REGISTRATION</u>			
Member Registration Includes:			
Member's Meals & Entertainment (Friday Dinner, Saturday Lunch, Saturday Dinner and Sunday Lunch) Convention Theme Pin and lots of lovely surprises and prizes throughout the Convention!			
STANDARD REGISTRATION	ENDS 1/15/2021	\$225	\$
LATE REGISTRATION	BEGINS 1/16/2021 ENDS 2/28/2021	\$250	\$
<u>GUEST REGISTRATION</u>			
Guest costs are for your guest only. Member meal costs are included in your Registration fees above.			
FRIDAY NIGHT	Meal and Entertainment for Guest	\$45	\$
SATURDAY NIGHT	Meal and Entertainment for Guest	\$56	\$
<u>OTHER</u>			
OPTIONAL HOTEL BREAKFASTS FOR MEMBERS & GUESTS NOT STAYING AT CONVENTION HOTEL (Members and Guests registered by name as staying at the hotel receive a complimentary Breakfast)			
SATURDAY		\$21	\$
SUNDAY		\$21	\$
TOTAL AMOUNT ENCLOSED →			

Make checks payable to HCC 2020 Texas State Convention
 ---- (\$35 Fee for Returned Checks) ----

Mail Registration Form and Member/Guest Information Form
with your check to:
 Donna Bridgeman, Treasurer, 4840 Milwee, Houston, TX 77092
bsp2020houstonconvention@gmail.com (713-775-8960)

You will receive an email confirming receipt of your Registration

CANCELLATION POLICY

\$25 Administrative Fee to Cancel

Cancellation Deadline
February 28, 2021



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MEMBER INFORMATION

If this is your 1st Beta Sigma Phi Convention check here → _____

Last Name _____ First Name _____ Middle Initial _____

Preferred First Name for Badge _____ If U.S. Veteran check here → _____

Phone _____ Email _____

Street Address _____ City, State, Zip _____

Emergency Contact Name _____ Phone _____

Chapter Name _____ Council _____ City _____

On-Line Chapter Member? If Yes, Name of On-Line Chapter _____

*Special Dietary Needs/Allergies _____

*Special Considerations (Circle) Sight Hearing Wheelchair Walker Service Animal (Other) _____

Are you staying at the Convention hotel? Circle one → YES NO

If YES, list the names of all your roommates (ONLY 5 PEOPLE PER ROOM ALLOWED)

GUEST INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Preferred First Name for Badge _____

Phone _____ Email _____

*Special Dietary Needs/Allergies _____

*Special Considerations (Circle) Sight Hearing Wheelchair Walker Service Animal (Other) _____

* We will contact you directly if we have any questions regarding your Special Dietary or Consideration Needs. We are not providing Special Consideration aids but will use that info for table and access placement. We will make every effort possible to accommodate your needs.