

Treasurer's use only: Check number _____

Amount received _

AASRA State Convention Registration Form

June 4-5, 2019

Four Points by Sheraton Phoenix North 2532 West Peoria Avenue Phoenix, Arizona 85029 Telephone 602-943-2341

Please print. Last Name	Fir	st Na	me	
AddressCit	ty		State	9-digit _ Zip Code
Email			_ Phone	
Unit Name	Name	you w	ant on nametag	
Is this the first AASRA State Convention that you	have e	ver at	tended? yes no	
Circle whether or not you will attend the following events:				
Tuesday, June 4 th				
Breakfast	yes	no		
Luncheon	yes	no		
Banquet and entertainment	yes	no		
Wednesday, June 5 th	ycs	110		
Breakfast	yes	no		
Please indicate special needs: diabetic vegetarian mobili	ty he	aring	other (please specify)	
Convention cost per person			\$80.00	\$
Cost for each guest attending the banquet onl	lv		\$40.00	ψ
TOTAL COST	ıy		ψ+0.00	\$
Hotel Accommodations:				
1-2 guests per room \$79.00/night	+			
3 guests per room \$89.00/night				
· ·				
4 guests per room \$99.00/night	ι			
Do you plan to stay at the hotel during the convention? yes no If so, which nights?				
For hotel reservations, please call Four Points by Sheraton Phoenix North (602-943-2341). Please refer				
to group name <u>All Arizona School Retirees Association</u> when making your reservation in order to receive the special rates listed above. The deadline for making hotel reservations at these special rates is May 24 th .				
Convention registration deadline is also on May 24 th .				
For those persons who plan to arrive for the conv 5:30 PM at Garcia's Mexican Restaurant located				
provided for our convenience. An 18% gratuity w				dual criccits will be
Please circle whether or not you will be joining us	for this	s even	t. yes no	
Mail your completed registration form and check made payable to AASRA to:				
Sue Secrest				
12986 South 177 Lane				
Goodyear, AZ 85338-5792				

Date received _