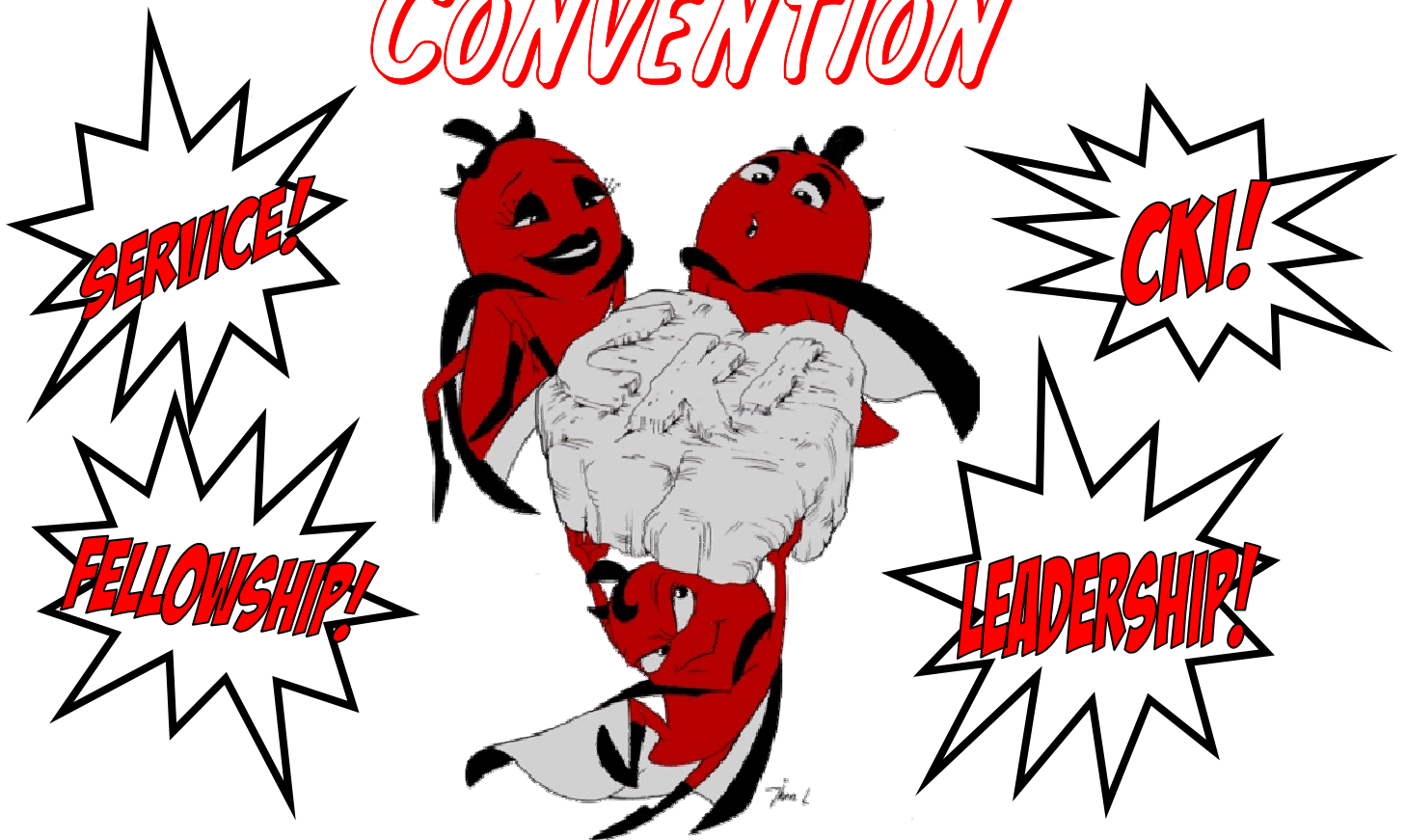


Southwest District Circle K presents:

THE 50TH ANNUAL DISTRICT CONVENTION



SERVICE ON, CKI ASSEMBLE!

Registration Packet

March 4th - March 6th, 2011

Mesa, Arizona

Registration and Housing Information

Instructions and General Information

- Be sure to complete the entire packet and send it in by mail
- Payment for registration **MUST** be made by check and **MUST** be postmarked by February 4th, 2011; otherwise a US \$15 LATE FEE should be attached.
- LATE registrations should not be postmarked later than February 11th, 2011
- Only send a check for registration costs. Individuals are responsible for making their own housing arrangements with the hotel. The convention committee is **not** responsible for hotel reservations or room assignments.
- Kiwanis Family Luncheon will be held on Saturday, March 5th, 2011 at 12:00pm, noon, and space is limited. Please request for seating in advance

Registration Options and Payment

- Registration Option # 1
Full Registration
US \$95.00 per person
Registration includes: all meals (Friday Reception, Saturday Kiwanis Family Luncheon and Saturday Banquet), workshops, registration materials, entertainment at convention, goodies, t-shirt, and more.
- Registration Option # 2
Full but LATE Registration
US \$95.00 PLUS \$15.00 late fee per person
- Registration Option # 3
Kiwanis Family Luncheon ONLY
US \$20.00 per person
- Registration Option # 4
Saturday Banquet ONLY
US \$40.00 per person

Housing Information

- **You are responsible for your own hotel reservations**
- Reservations must be made through the Phoenix Marriott Mesa
- Circle K members who wish to stay at the hotel must call and make their own reservations. When calling, please mention that you are attending the Southwest District Circle K Convention/Kiwanis International Southwest District Midyear Conference, so that you are able to reserve the room at the discounted group rate.
- Payment and obligations between roommates is **NOT** the responsibility of the convention committee.
- Attendees are responsible for paying their own hotel room and tax expenses and any incidental charges

Southwest District CKI 50th Annual District Convention ~ March 4th-6th, 2011 ~ Mesa, Arizona

- To get the most out of your convention experience, we suggest you arrive on Friday, March 4th, by 5:00 pm and depart on Sunday, March 6th after 11:00 am.

Hotel Contact Information

Phoenix Marriott Mesa
200 N Centennial Way
Mesa, Arizona 85201 USA
Phone: 800-835-9873

Questions can be directed to District Convention Chairs Rachael Jake (Rachael_jake@yahoo.com) or Michelle Wong (mwongcki@gmail.com).

REGISTRATION SUMMARY FORM

ANNUAL SOUTHWEST DISTRICT CKI CONVENTION

March 4th-6th, 2010 in Mesa, Arizona

(FORM MUST BE INCLUDED WITH CLUB'S REGISTRATION)

Registration Overview

Number of Registrations Cost Total

_____ Circle K'er Registrations \$95.00 each _____
(Plus \$15 dollar late fee if sent after February 4th, 2011.)

_____ Adult Registrations \$95.00 each _____
(Plus \$15 dollar late fee if sent after February 4th, 2011.)

TOTAL _____

(Check enclosed payable to Southwest District CKI)

Contact information for any questions regarding your club registration materials:

Name: _____ Title: _____

Email: _____ Phone: _____

PLEASE NOTE TO HAVE CONVENTION MATERIALS POSTMARKED BY FEBURARY 4TH, 2011 TO
GUARANTEE AVAILABILITY. BE SURE TO INCLUDE ALL REGISTRATION FORMS.

REGISTRATION: CKI MEMBERS

ANNUAL SOUTHWEST DISTRICT CKI CONVENTION

March 4th-6th, 2010 in Mesa, Arizona

PLEASE TYPE OR PRINT FORMS LEGIBLY

Name _____ (M) (F)
Last name First Name Middle Initial

Address _____
Number Street City State Zip Code

Check if: ___ Delegate ___ Club President ___ Club Officer
___ Key Club Alumni ___ Int'l Board ___ District Officer
Circle K of _____ Arrival Day: _____ Time: _____

****FEES MUST BE ENCLOSED (IN U.S. DOLLARS)**

Registrations will be returned if full payment does not accompany registration form.
No exceptions!

Enclosed is: ___ Individual check ___ Group Check
___ Check here if you require vegetarian meals

****Refund Policy****

Registration refund deadline is February 18, 2011 and only **80%** of registration will be refunded.
Refund requests postmarked after that date but before March 5, 2011 will be made at **50%**.
Any requests given after March 5th, 2011 **WILL NOT** be refunded

I HAVE READ AND UNDERSTAND THE DISTRICT CONVENTION RULES & MY CODE OF CONDUCT.
PLEASE INCLUDE MEDICAL/CODE OF CONDUCT FORMS WITH REGISTRATION.

Signature of Circle K'er: _____

Date of signature: _____

Make checks payable to:
Southwest District CKI

Mail Registrations & Checks to:
Ron Smith
15710 East Mustang Drive
Fountain Hills, AZ 85268

REGISTRATION: ADVISORS & OTHERS

ANNUAL SOUTHWEST DISTRICT CKI CONVENTION

March 4th-6th, 2010 in Mesa, Arizona

PLEASE TYPE OR PRINT FORMS LEGIBLY

Name _____ (M) (F)
Last name First Name Middle Initial

Address _____
Number Street City State Zip Code

Check if: Faculty Advisor Kiwanis Advisor Other

Circle K of _____

Arrival Day: _____ Time: _____

Kiwanis Club of _____

****FEES MUST BE ENCLOSED (IN U.S. DOLLARS)**

Registrations will be returned if full payment does not accompany registration form.

No exceptions!

Enclosed is: Individual check Group Check

Check here if you require vegetarian meals

****Registration refund deadline is February 18, 2011**

I HAVE READ AND UNDERSTAND THE DISTRICT CONVENTION RULES & CODE OF CONDUCT.
PLEASE INCLUDE MEDICAL/CODE OF CONDUCT FORMS WITH
REGISTRATION.

Signature: _____

Date of signature: _____

Make checks payable to:
Southwest District CKI

Mail Registrations & Checks to:
Ron Smith
15710 East Mustang Drive
Fountain Hills, AZ 85268

IMPORTANT!

REGISTRATION CANCELTION

All cancellations must be sent to Ron Smith in writing (EMAIL or SNAIL MAIL)

Registration refund deadline is February 18, 2011 and only **80%** of registration will be refunded. Refund requests postmarked after that date but before March 5, 2011 will be made at **50%**. Any requests given after March 5th, 2011 **WILL NOT** be refunded

.

Please sign below to indicate your understanding of the policy.

Signature: _____

Date: _____

Ron Smith
15710 East Mustang Drive
Fountain Hills, AZ 85268

REGISTRATION: CODE OF CONDUCT

ANNUAL SOUTHWEST DISTRICT CKI CONVENTION

March 4th-6th, 2010 in Mesa, Arizona

Code of Conduct

The following is the Code of Conduct is taken from the International Policy Code, Section H: Conduct. It should be adapted and used for district events.

- a) No drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone in attendance.
- b) The Circle K International Sponsored Conventions and Events Alcohol Policy, prohibiting the possession, sale, and/or consumption of alcoholic beverages during any event or situation sponsored or promoted by Circle K, will be enforced at all times during the event.
- c) Sexual harassment is defined as behavior marked by aggressive or harassing remarks, unwanted physical contact or sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which is unsolicited and offensive to the individual or otherwise creates an intimidating, hostile or offensive environment. Circle K International will not tolerate sexual harassment.
- d) There is no curfew hour; however, in consideration of others, Circle K members should refrain from being disruptive to other guests and try to refrain from being in hallways as much as possible after 12:30AM and gatherings should be contained within the room. Loud noises and disruptive behavior will not be tolerated.
- e) No campaign material will be allowed to be posted on any walls, windows, or doors. The candidate will be responsible should this occur.
- f) Smoking is prohibited at all general sessions, contests, workshops and caucuses. Individuals who wish to smoke must do so in the hallways and corridors as permitted.
- g) Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual responsible.
- h) All Circle K members are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
- i) Coat and tie for men and dresses, suits, skirts and blouses or other professional attire for women are required for those sessions indicated in the event program. Slacks and appropriate casual dress (excluding jeans, cut-offs and other similar apparel) is appropriate for other functions.
- j) Every attendee will respect the authority of the Administrator and the Sergeant-at-Arms Committee.
- k) Infractions of the code of conduct will be reported to the Board or the Administrator. Appropriate action will be taken for any infraction, including the dismissal of any attendee from the event at the expense of the individual.
- l) The code of conduct is in effect from the moment an attendee arrives at the event until the moment he or she departs.

I agree to abide by the Circle K International Code of Conduct. I will respect the authority of the Sergeant-at-Arms Committee and understand infractions of the Code of Conduct will be reported by the Committee to the Board and the Administrator. I understand that appropriate action will be taken for any infractions including dismissal from the event at my expense.

Printed Name

Signature

Date

REGISTRATION: CODE OF CONDUCT

ANNUAL SOUTHWEST DISTRICT CKI CONVENTION

March 4th-6th, 2010 in Mesa, Arizona

Alcohol Policy

The possession, sale, and/or consumption of alcoholic beverages during any event or situation sponsored or promoted by Circle K International will not be tolerated. Any member of Circle K International is said to be in attendance at an event from the moment of arrival at the event site or at 12:00 a.m. on the scheduled starting date of said event, whichever is later. A member is said to be departed from the event upon final departure from the event site or at midnight on the scheduled ending date of said event, whichever comes first. In any instance where pre/post event accommodations are included in the schedule for the event, or where an additional activity is planned and/or sponsored by Circle K International, or a district or club of Circle K International (i.e., a planned meal or district tour), such activities are bound by this policy.

Guests, alumni, and Kiwanis-family members in attendance are asked to be respectful of this policy in terms of their use of alcohol at Circle K International events.

I have read the above stated Alcohol Policy. I understand this policy and agree to abide by it during the Southwest District Circle K Convention.

Printed Name

Signature

Date

**BE SURE TO FILL OUT ALL FORMS!
WE LOOK FORWARD TO SEEING YOU AT CONVENTION!!!**

MEDICAL INFORMATION FORM

A completed medical form is required for all participants attending this Circle K event and is to be turned upon registration.

Registrant's Name _____ Height _____ Weight _____ Sex _____

Address _____

Country _____ Date of Birth ____/____/____ Age _____

Circle K Club _____ District _____

Person to be contacted in case of emergency _____

Relationship _____ Home phone (____) _____ Work phone (____) _____

Alternate Contact _____ (____) _____

Name of Doctor _____ Phone number(____) _____

Doctor's Address _____

Name of Health Insurance Co. _____ Policy Number _____

List any medication you will be taking during the convention _____

Please answer yes or no to the following items:

1. Have you ever been treated for: (If currently being treated, please indicate)

- | | | | |
|----------------------------|-------|-------------------------------------|-------|
| A. Nervousness | _____ | H. High Blood Pressure | _____ |
| B. Any Mental Disorder | _____ | I. Severe or Frequent Headaches | _____ |
| C. Convulsions or Epilepsy | _____ | J. Asthma | _____ |
| D. Fainting Spells | _____ | K. Ulcers | _____ |
| E. Heart Condition | _____ | L. Diabetes | _____ |
| F. Rheumatic Fever | _____ | M. Allergic Reaction to Medication | _____ |
| G. Cancer or Tumor | _____ | N. Any Other Allergies or Illnesses | _____ |

Give details of yes answers to any of the questions above. Give dates of treatment, and names and addresses of attending physicians, hospitals and clinics. *(Use reverse side if necessary.)* **PLEASE READ CAREFULLY!** hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person designated above. In the event that the aforementioned contact person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia or surgery.

Signature _____ Date _____