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| ***“FAITH, HOPE, TRUST” SESSION*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GRAND CHAPTER OF WYOMING, ORDER OF THE EASTERN STAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August 3-6, 2016 – Parkway Plaza, Casper, Wyoming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | **Cheyenne Room** | | | | | | | | | | | |  | | | | | | | | | |
| **PRE-REGISTRATION FORM: One form per person required; postmarked by July 15, 2016** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (You may send several registration forms in same envelope with one check paying for all registrants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| as long as each person has a completed registration form. Registration fee is $20.00 per person) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | |  | | | | | | | | | | | | | | | | JURISDICTION | | | | |  | | | | | | | | | | |
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| MAILING ADDRESS | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | City | | | | | | | State | | | | Zip | | | |
| PHONE # | | |  | | | | | | E-MAIL | |  | | | | | | | | | | | | | | | | | | | | | | |
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| CHAPTER NAME AND # | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wyoming Dual members only**: If you are a dual member, please register under Chapter in which you hold the highest office; otherwise please register under Primary Chapter. List name and number of other chapter on line below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TITLE AS OF AUGUST 2016** (check box next to appropriate office and complete title info as necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OFFICE | | | | | | XX | | | | TITLE | | | | | | | | | | | | | | | | | | | | | | | |
| GGC Elective Officer | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| GGC Appointed Officer | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| GGCCM | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Officer | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Officer Emeritus | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Grand Representative of | | | | | |  | | | | | | | | | | | | | | in |  | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | (Jurisdiction you are from) | | | | | | | | | | | |
| Worthy Grand Matron | | | | |  | | | Worthy Grand Patron | | | | | |  | | Past Grand Matron | | | | | | | | |  | | Past Grand Patron | | | |  | |
| Worthy Matron | | | | |  | | | Worthy Patron | | | | | |  | | Associate Matron | | | | | | | | |  | | Associate Patron | | | |  | |
| Past Matron | | | | |  | | | Past Patron | | | | | |  | | Other | | | | | | | | |  | |  | | | |  | |

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| Additional Titles: | |  | | | | | | | | |  |
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| **NOTE Wyoming procedure**: Individuals are introduced only once, under the title √ above. If you have additional titles, these will be given when you are introduced. | | | | | | | | | | | |
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| ESCORT TO: | | |  | | | | | | | |  |
|  | | | (For reserved seating purposes, please provide name and title of person you are escorting.) | | | | | | | |  |
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| **TO BE INTRODUCED ON THURSDAY NIGHT, YOU MUST PICK UP YOUR REGISTRATION PACKET BY** | | | | | | | | | | | |
| **4:00 P.M. THURSDAY, AUGUST 4TH.** (Registration Hours: Wed 1-4; Thurs 8-12 & 1-4; Fri 8-12 & 1-3; Sat 8-9) | | | | | | | | | | | |
|  | | | |  | | |  | |  | | |
| **Non-refundable registration fee (U.S. Currency) payable by each in attendance: $20.00** | | | | | | | | | | | |
| **Make check or money order (U.S. Currency) payable to: Grand Chapter of WY, OES** | | | | | | | | | | | |
| **Mail completed form(s) and fee(s) to:** | | | | | | | | | | | |
|  | | | | | RaeLene Ray, PM, Registration Chairman | | | | | | |
|  | | | | | P.O. Box 83 | | | | | | |
|  | | | | | Moorcroft, WY 82721-0083 | | | | | | |
|  | | | | | | Phone: 307-756-2268 | | Email: Rayraelene@yahoo.com | | | |
|  | | | |  | | |  | |  | | |
| **DO NOT SEND DUES CARDS WITH PRE-REGISTRATION** | | | | | | | | | | | |
| **All members must present dues cards when registering/picking up Registration Packet at the Session.** | | | | | | | | | | | |
| (Please write separate checks for registration and meals. These are two separate accounts.) | | | | | | | | | | | |