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| **DISTINGUISHED GUESTS PRE-REGISTRATION FORM** | | | |
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|  |  |  |  |  |
| Please **type or print** all information for one name per form | | | |  |
| (Form may be duplicated) | | | |  |
| To be introduced on Wednesday night—you MUST be registered | | | |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
|  |  |  |  |  |
|  | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_** | | |  |
|  |  |  |  |  |
|  | **Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
|  |  |  |  |  |
|  | **Grand Jurisdiction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_** | | |  |
| **Check all that currently apply** | | | |  |
|  | \_\_\_\_Worthy Grand Matron \_\_\_\_Worthy Grand Patron  \_\_\_\_General Grand Chapter Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_Worthy Matron |  |
|  | \_\_\_\_General Grand Chapter Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_Worthy Patron |  |
|  | \_\_\_\_Past Grand Matron |  | \_\_\_Past Matron |  |
|  | \_\_\_\_Past Grand Patron |  | \_\_\_Past Patron |  |
|  | \_\_\_\_Grand Chapter Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_Member |  |
|  | \_\_\_\_Deputy Grand Lecturer/Matron/Instructor (circle one) District # \_\_\_\_\_ |  |  |  |
|  | \_\_\_\_Grand Representative of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Do Not Mail with Housing or Meal requests/payment**

**Upon arrival please have your dues cards ready to show to registration**.

**FEE: $10.00** — Checks **MUST** be made **payable to ARKANSAS GRAND CHAPTER** (Non-refundable)

Form and Check must be **RECEIVED by Saturday, November 15th, 2025**.

**Mail form and check payable to Arkansas Grand Chapter to:**

**Catherine Hickerson, PM**

**12 Jane Drive**

**Sherwood, AR 72120**

**501-416-0126**

**If you have questions, please text or call and leave a voice mail.**