

Montana Republican Party

2008 State Convention

June 19th – June 21st

Missoula, Montana

Full Convention Registration ~ All Voting Delegates Must Register

Registration Fee: \$150 * if registered by June 10th

- () Yes, I plan to attend the Convention and I am a delegate or proxy holder. Registration Fee: \$150
* **Please See Enclosed Credentials Information** *
- () Yes, I plan to attend the Convention and I am a non-delegate. Registration Fee: \$150

Includes: all meals, entertainment, training, convention sessions, and convention materials

*NOTE: Registration form and fees are due no later than Tuesday June 10th

The Registration fee AFTER June 10th will be \$ 250.00 per person

Delegate / Non-Delegate Registration Information (Husband and Wife can fill out one)

Full Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Employer/Occupation: _____

Additional Meal Tickets *Please fill out guest information on back of this page

Thursday, June 19th

Reception: _____ - \$25 each

Friday, June 20th

Breakfast: _____ - \$30 each

Lunch: _____ - \$35 each

Banquet: _____ - \$45 each

Saturday, June 21st

Breakfast: _____ - \$30 each

Payment Information

Please make checks payable to: Montana Republican Party

Total Amount Enclosed: \$ _____

() Check # _____ () Visa () MasterCard () American Express

Card Number: _____

Exp Date: _____

RETURN THIS FORM WITH PAYMENT BY JUNE 10, 2008 TO:

MT GOP
P.O. BOX 935
Helena, MT 59601

Paid for by the Montana Republican State Central Committee. Not authorized by any candidate or candidate committee. www.mtgop.org

Convention Guest Registration
(For extra meals)

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Email:** _____
Employer/Occupation: _____

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Email:** _____
Employer/Occupation: _____

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Email:** _____
Employer/Occupation: _____

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Email:** _____
Employer/Occupation: _____

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Email:** _____
Employer/Occupation: _____