

**PROVINCE IV ANNUAL FALL ASSEMBLY  
OCTOBER 7-12 ,2007  
KANUGA, NORTH CAROLINA  
REGISTRATION FORM**

Please complete Registration Form.

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 Title                      Last Name                      First Name                      Middle Initial                      Name for name tag

-----  
 Number Street or Route                      Apt. or PO Box                      City                      State                      Zip

-----  
 (area) work phone                      (area) home phone                      (area) FAX number                      email

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 DOK Chapter                      Parish                      Diocese

**CHECK ALL THAT APPLY**

- |                                         |                                                  |
|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Visitor        | <input type="checkbox"/> Daughter-at-Large       |
| <input type="checkbox"/> Spouse         | <input type="checkbox"/> Clergy                  |
| <input type="checkbox"/> In preparation | <input type="checkbox"/> Jr. Daughter Directress |
| <input type="checkbox"/> Chapter member |                                                  |
| Senior Daughter                         |                                                  |

Late Cancellations: Call  
**Kanuga@828-692-9136**  
**NOTE:** If you cancel after the  
 24 hour deadline, you will be  
 billed \$15 cancellation fee  
 per day as charged by Kanuga

- |                                        |                                      |
|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Deacon        | <input type="checkbox"/> Delegate    |
| <input type="checkbox"/> Parish Priest |                                      |
| <input type="checkbox"/> Chaplain      |                                      |
| <input type="checkbox"/> Bishop        | <input type="checkbox"/> FIRST TIMER |

**Mode of Transportation**  
 Car                       Need a Map  
 Bus  
 Plane

**ACCOMMODATIONS ASSIGNED AS RECEIVED AND AVAILABLE. PLEASE NUMBER YOUR PREFERENCES IN ORDER.**

Cottage \_\_\_\_\_ Inn \_\_\_\_\_ Single room \_\_\_\_\_ Need, non smoking room \_\_\_\_\_  
 Need a Handicapped Accessible Room [ List special need for room] \_\_\_\_\_

I am on a special diet [diabetic, low salt, no sugar, be specific] \_\_\_\_\_

I will room with \_\_\_\_\_ My Arrival Date \_\_\_\_\_ First meal \_\_\_\_\_  
 (If possible send both together)

My Departure Date \_\_\_\_\_ Last meal \_\_\_\_\_

The Assembly begins with dinner on Monday the 7th and ends after breakfast on Friday the 12th

**REGISTRATION FEE For All Senior Daughters: \$30.00 --NON REFUNDABLE**

**INCLUDE ONLY REGISTRATION FEE WITH THIS FORM**

**CONFERENCE RATES (board and room) PAYABLE TO KANUGA ON ARRIVAL (check, cash, Visa or Master Card)**

- Sun. (7st)-S-Fri.(12th)-B:(Doub)\$400.85/person (Single) \$550.85  
 Mon. (8th)-L-Fri.(12th)-B:(Doub)\$328.00/person (Single) \$448.00  
 Mon.(8th)-S-Fri.(12th)-B:(Doub)\$318.85/person (Single) \$437.40  
 Mon. (8th)-L-Thur.(11th-S:(Doub)\$267.40/person(Single) \$357.40  
 (NOTE: S-supper; B-breakfast; L-lunch)

**MAKE REGISTRATION CHECK PAYABLE TO  
DAUGHTERS OF THE KING, PROVINCE IV.**

DAY COMMUTER; S-\$13.25; B-\$9.00; L-\$10.15

COMMUTERS w/o meals \$3.00 per day

**Registration Deadline**  
**SEPTEMBER 21, 2007**

**SEND CHECK AND FORM TO:**  
 Margaret Kidd  
 161 Long Lake Rd  
 Hawthorne, FL 32640  
 Phone/FAX: 352-475-1708  
 Email: paulkidd1@alltel.net