

CREENTIAL INFORMATION FOR AFFILIATED CHAPTERS

PLEASE FILL OUT BOTH SECTIONS

You are entitled to be a **VOTING** delegate in the House of Delegates. If you hold more than one voting position, you may appoint an alternate to vote the other position. Please designate which position you are voting.

_____ I plan to attend and represent my position.

Name: _____

Position: _____

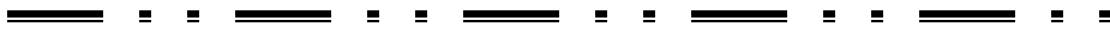
_____ I will not be able to attend and will not designate an alternate.

_____ I will not be able to attend and have asked the person listed below to serve as my alternate.

Alternate's name: _____

Address: _____

Email address: _____



Breakfast Reservations – Grand Hotel **(Guests tickets are \$11.00 – please include names)**

Name and Position: _____

Guest(s): _____

Reservations and Checks (Made out to MSNA) are due by September 5th.

Please send to:

Beth Roche
16644 Crabbs Branch Way
Rockville, MD 20855