



SWEET ADELINES INTERNATIONAL  
 2008 INTERNATIONAL CONVENTION REGISTRATION  
 62nd Annual Convention and Competition  
 November 4-8, 2008 • Hawaii Convention Center • Honolulu, Hawaii



**REGISTRATION GUIDELINES**

- Register early for the best seats.** Deadline for advance registrations is September 22, 2008. Single event tickets will be available after September 30, 2008 contingent upon availability. All tickets will be available onsite, upon availability.
- To sit together, you must register together!** Print all names, member ID numbers and chapter names on a separate sheet, listing nonmembers separately. Registrations received without names will receive a blank badge. Send only one payment for the group. **Multiple checks or credit card numbers will be returned.** For your convenience, this form may be photocopied. **Registrations are transferable and refunds of 50% of the registration may be granted on a case by case basis until October 15, 2008. No refunds will be granted after October 15, 2008.**
- Registration fee includes admission to all competition and education sessions. Showcase and the Coronet Club Show are separate events.
- Make check/money order payable to Sweet Adelines International. **Your canceled check or credit card statement is your receipt.** There is a \$10 service charge on all returned checks.
- Mail or fax to: Convention Registrar, Sweet Adelines International, P.O. Box 470168, Tulsa, OK 74147-0168. Fax: 918-665-0894. Or call for more information, 800-992-7464 or 918-622-1444.
- Registrations will not be accepted before October 9, 2007, and will be returned if received before that date.**



Please check if applicable: I require special seating because of a disability.

- I will be in a wheelchair and will use a regular seat.
- I will be in a wheelchair and will remain seated in it.
- I require a reserved seat for a companion.

Please give general description of disability and list any services under the ADA that you require.

\_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION**

Reg. # \_\_\_\_\_  
 Office Use Only

Member # (must be included) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Phone (include area/country code) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Chapter Name \_\_\_\_\_ Region# \_\_\_\_\_

**CONVENTION REGISTRATION FEES**

All prices are in U.S. Funds

Competing Chorus/Quartet Registration	_____ at \$110	\$ _____
Convention Assistant Registration	_____ at \$60	\$ _____
Member Registration(s)	_____ at \$145	\$ _____
Nonmember Registration(s)	_____ at \$160	\$ _____
<b>TOTAL</b>		\$ _____

**SHOWCASE 2008**

Showcase benefits the Young Singers Foundation and the Young Women in Harmony Program. Showcase is on Tuesday evening, November 4, 2008.

VIP Showcase Tickets ___ (SOLD OUT)___	at \$75	\$ _____	N/A
Preferred Showcase Tickets _____	at \$35	\$ _____	
Reserved Showcase Tickets _____	at \$25	\$ _____	
<b>TOTAL ENCLOSED</b>		\$ _____	

**PAYMENT METHOD**

Check Payable to *Sweet Adelines International*

Visa    MasterCard    Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**2008 CORONET CLUB SHOW • NOVEMBER 7, 2008**

- This is a separate order form. Do not include with Convention Registration.
- Make checks or bank money orders payable to The Coronet Club.
- Tickets are assigned in sequence as orders are received.
- Tickets will be mailed October 2008.
- Please place one order (mailed to the same address) for all those who wish to be seated together.
- Tickets are transferable, but not refundable.
- Deadline for mail orders is September 15, 2008.

Please reserve \_\_\_\_\_ tickets at \$30.00 each (\$35 if purchased onsite)  
 Enclose check, bank money order or credit card information for total due (US Funds).

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Chapter \_\_\_\_\_ Region \_\_\_\_\_

- I require special seating because of a disability  
 Specify: \_\_\_\_\_
- I will be in a wheelchair
- I require a nearby seat for a companion

Mail to: The Coronet Club Show  
 Lee Davison, Ticket Chair  
 7175 Twin Canyon Dr.  
 Lambertville, MI 48144  
 lidavison@aol.com