

2017 CONVENTION – SACRAMENTO – DELEGATE LIST

BRANCH NO. _____	CITY: _____	Active Members as of March 31st: _____	No. of Delegates: _____
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**NAMES MUST BE CLEARLY INDICATED TO ASSURE PROPER SPELLING.
 REMINDER: DELEGATES MUST STAY THROUGH THE CLOSE OF THE CONVENTION ON MONDAY, SEPTEMBER 4.**

DELEGATE NAME:	Check for 1 st time Delegate	Date Arriving	Email Address	Registration Verified <i>(For ICF Office/Credential Committee Use)</i>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

ALTERNATE DELEGATES:

1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

<p>Instructions: Mail this form with payment of \$250.00 <u>per delegate</u> for the registration fee, which includes the Saturday Banquet, to: Italian Catholic Federation, 8393 Capwell Drive, #110, Oakland, CA 94621. Deadline is June 30th. A \$25 late fee, per delegate, applies if postmarked after June 30th.</p>		
Branch Check No. _____ No. of Delegates: _____ X \$250.00 or \$275.00 (depending on postmark) = \$ _____		
_____ President's Signature	_____ Recording Secretary's Signature	_____ Date

FOR I.C.F. Office Use: Table No. _____ Delegates: _____ Guests: _____ Total: _____