

2017 CONVENTION – SACRAMENTO – DELEGATE LIST

| | | | |
|------------------|-------------|--|-------------------------|
| BRANCH NO. _____ | CITY: _____ | Active Members as of March 31st: _____ | No. of Delegates: _____ |
|------------------|-------------|--|-------------------------|

**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> | | |
| <p>Branch Check No. _____ No. of Delegates: _____ X \$250.00 or \$275.00 (depending on postmark) = \$ _____</p> | | |
| <p>_____ President's Signature</p> | <p>_____ Recording Secretary's Signature</p> | <p>_____ Date</p> |

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