

REGISTRATION FORM



N.D. MEMBER SERVICES ASSOCIATION SUMMER MEETING

August 17 and 18, 2017

CANAD INNS DESTINATION CENTRE GRAND FORKS | 1000 S. 42ND ST. | GRAND FORKS, N.D.

REGISTRATION INSTRUCTIONS:

- Please provide the information requested below, including your plans to golf on late Wednesday afternoon, Aug. 16, at the Whispering Oaks Golf Course in Manvel; participate in the Escape Room teambuilding activity Thursday evening, Aug. 17; and the picnic at Lincoln Drive Park Thursday evening, Aug. 17.
- Green fees at the Whispering Oaks Golf Course: \$15/person for 9 holes and \$25/person for 18 holes. Cart fees (per seat) are separate: \$9 for 9 holes and \$15 for 18 holes. Tee time is set for 4:30 p.m.
- A block of rooms is reserved for Aug. 16 and 17 at the Canad Inns Destination Centre Grand Forks. Please make your room reservation by Aug. 1; this is the release date for our reserved block. For room reservations, call the Canad Inns Destination Centre Grand Forks at 1-701-772-8404 or 1-888-33-CANAD. The room rate is \$99/night plus tax. Please mention “N.D. REC Member Services” and the Group Identification #448510.
- Please return completed registration form to Pamela Clark-Stein, c/o NDAREC, 3201 Nygren Drive NW, Mandan, N.D. 58554-0727 or e-mail to pstein@ndarec.com. The registration deadline is Aug. 7.

Name	Golf	Escape Room	Picnic
1. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Cooperative Name: _____

BILLING AND CANCELLATIONS: If you need to cancel a registration, please contact Pamela Clark-Stein at least 48 hours in advance of the meeting.

In case of a no-show, your cooperative will be billed for the costs of meals and refreshment breaks.