



2024 CONVENTION REGISTRATION FORM *BALTIMORE, MD. * OCTOBER 10-11-12, 2024

Name(s): _____ Spouse/Other _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Preferred Name(s) for Name Badge: _____ ; _____

Registration Fee is \$250.00 per person \$250.00 x _____ = _____

TOTAL AMOUNT ENCLOSED: \$ _____

First time convention attendees are half the regular registration price

Please print all information legibly, Thank You.

Please make checks payable to the **F. M. C. A.** and mail to:

Mr. Tom Hewitt, 2024 Convention Co-Host
2939 Burnt Oak
San Antonio, Texas
78232

For questions call **210-410-9468** or email at tdhins@yahoo.com

Please register before **September 25, 2024** as that is our **hotel cut-off date**, so we may finalize arrangements.



*Please let us know below if you have any Food Allergies, Special Dietary Needs, or Special Requests or Requirements, during your stay at the convention. Call the Convention Co-Host Tom Hewitt at **210-410-9468**.

Before **September 25, 2024**

Or list them here: _____