

Girlfriends' Getaway Registration

October 23-25, 2009

The Dearborn Inn, Dearborn, MI

Name:	I'm sharing a hotel room with: (Please list all those staying in the hotel room)		
	1. 2. 3.		
E-mail address:	* Please indicate if handicapped room is necessary.		
Address:	City	State	Zip
Telephone:	Chapter Number/State:		

1. Use this form to register for the Girlfriends' Getaway. ALL those attending should complete a registration form.
2. Pay One Price! Registration fee includes: hotel accommodations for two nights, dinner and entertainment on Friday night, breakfast and cooking class on Saturday morning, dinner and Halloween Stroll at Greenfield Village on Saturday night and breakfast on Sunday morning.
3. Registration fees are based on hotel room occupancy:
2 Girlfriends per room: \$260 each
3 Girlfriends per room: \$225 each
4 Girlfriends per room: \$210 each
4. Please return your completed registration form and payment to:
Woman's Life Insurance Society
President's Office
1338 Military Street, PO Box 5020
Port Huron, MI 48061-5020
5. When your registration form and payment is received, a confirmation letter will be mailed to you.



NOTE: Only mailed-in registrations will be accepted, so please complete this form and mail it along with your check made payable to "Woman's Life Insurance Society", or to pay by credit card, please complete the information on the next page.

Please call Pam Dickinson at 810.985.5191 ext. 132, or 800.521.9292 ext. 132 if you have any questions.

Registration Deadline: September 29, 2009

Register Early ~ Space is limited!

CREDIT CARD AUTHORIZATION FORM

I authorize Woman's Life Insurance Society to charge a one-time payment of \$ _____ to the following
 Visa® MasterCard® Discover® account for the Girlfriends' Getaway registration fee.

Cardholder Name as it appears on the credit card

Cardholder Billing Address - Street/City/State/Zipcode

Account Number (16 digits)

Expiration Date (mm/yy)

3 Digit Security Code from back of card*

Cardholder Signature

Date

*This number will not be retained by Woman's Life Insurance Society after processing.

NOTE: Please use care to complete all of the necessary items on this form and sign and date it. The form cannot be processed if it is not complete.