

CONCLAVE REGISTRATION FORM

Name: Last _____ First: _____

Maiden: _____

Address: _____

City: _____ State: _____ zip Code: _____

Telephone: () _____ E-mail: _____

Signature: _____ Year Graduated: _____

ON-SITE PAYMENT FOR GRADUATE GRADUATES WILL BE \$100 \$100 (\$50 National Dues and \$50 BANQUET TICKET).

Please make check payable to NCGGN, Inc. Orlando Chapter, 3662 Daydream Place, St. Cloud, FL 34772.

Note: No monies will be refunded after July 1, 2017.

PLEASE INDICATE ANY SPECIAL DIET REQUESTS FOR YOU AND YOUR GUEST.

For the “living Legends” presentation, we are encouraging those who may have contact with a Grady graduate 90 years old or greater, to interview that person if possible. A 3 minute video or greater or a photograph of the interview of the graduate highlighting a memory of a specific time or incident of her time at Grady is needed so that we can compile a video which will be show during our “Living Legends” segment. Please submit these to Mamie Davis Parker, 3662 Daydream Place, St. Cloud, Florida 34772 no later than June 23, 2017.