



PENNSYLVANIA STATE CONFERENCE

THIRD QUARTERLY MEETING

August 26, 2017

Sheraton Harrisburg Hershey Hotel

4650 Lindle Road, Harrisburg, PA 17111

REGISTRATION FORM

Complete a separate form per person

PLEASE PRINT CLEARLY

Name		Home #	
_____		_____	
Address		Cell #	
_____		_____	
City		Other #	
_____		_____	
State	Zip Code	E-mail	
_____	_____	_____	
Unit Name & #		Position Held	
_____		_____	

DEADLINE - POSTMARK NO LATER THAN AUGUST 11, 2017
NO EXCEPTIONS

ADVANCE REGISTRATION \$25.00 _____ Check / MO # _____

ADVANCE ONLY BUFFET LUNCH \$30.00 _____ Check / MO # _____

TOTAL ENCLOSED \$ _____

Please make all checks/money orders payable to NAACP PA State and mail to:

**Johnnifer Harris, Secretary
NAACP PA State Conference
P. O. Box 922
Levittown, PA 19058**

**DO NOT WRITE BELOW LINE
OFFICIAL USE**

Date _____ Check /MO# /Amt _____ Branch _____ Personal _____
Received By _____