

**MINNESOTA GRAND CHAPTER  
ORDER OF THE EASTERN STAR  
May 6 THROUGH MAY 8,2010**

**REGISTRATION FORM**

**(This form may be copied - One form per person or couple)  
PLEASE PRINT**

Name (s) \_\_\_\_\_

Title(s) \_\_\_\_\_

Address \_\_\_\_\_

State/Province. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Method of arriving: Private car \_\_\_\_\_ or Flying \_\_\_\_\_

If flying, do you need transportation from the St. Cloud Airport? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please give Flight # \_\_\_\_\_ Airline \_\_\_\_\_

Arrival date & time \_\_\_\_\_

Departure date & Time from St. Cloud Airport \_\_\_\_\_

Transportation from the Mpls/St. Paul Airport (MSP) may be arranged through Executive Express,  
phone 320/253-2226 or Web Site [www.executiveexpress.biz](http://www.executiveexpress.biz). Contact them directly.

Do you need hotel accommodations at the Radisson? Y \_\_\_\_\_ N \_\_\_\_\_

If yes please fill in below:

Type of room: Non-Smoking \_\_\_\_\_ Smoking \_\_\_\_\_ Handicap Accessible Y \_\_\_\_\_ N \_\_\_\_\_

Number of people in the room: \_\_\_\_\_ Type of beds: 1 Queen \_\_\_\_\_ 2 Queens \_\_\_\_\_ King \_\_\_\_\_

Arrival date \_\_\_\_\_ Number of nights you will be staying \_\_\_\_\_

Names and titles of those sharing the room:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclose your charge card information (preferred) - or your **US FUNDS** check for one night's cost.

Visa \_\_\_\_\_ Master \_\_\_\_\_ Discover \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Checks should be made payable to Maraline Keeling

Check here if you have made your own hotel reservations \_\_\_\_\_

Enclose \$15.00 registration (per person) in **US FUNDS ONLY** payable to:

Maraline Keeling, PGM  
4533 Slater Rd #103  
Eagan, MN 55122-3364

Meal reservations must be made on the enclosed forms and sent to the designated person.