

# The Order of the Daughters of the King®

## TRIENNIAL 2012

June 27 – July 1, 2012

Indianapolis Marriott East, Indianapolis, Indiana

### REGISTRATION AND CREDENTIALING FORM

Registration and Credentialing Deadline: **May 15, 2012**

#### I. GENERAL REGISTRATION INFORMATION *(To be completed by ALL attending; or register on-line at [www.doknational.com](http://www.doknational.com))*

Please check all the boxes that apply:

- DOK Delegate     DOK Alternate     Junior DOK     DOK Attendee-Only     International DOK  
 Bishop     Priest     Deacon     Guest (non-DOK)  
 Handicap Restriction     Medical Dietary Restriction \_\_\_\_\_

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Chapter \_\_\_\_\_ Parish & City \_\_\_\_\_

Diocese \_\_\_\_\_ Province \_\_\_\_\_

Denomination \_\_\_\_\_

If traveling by air, give arrival day/time AND departure day/time \_\_\_\_\_

#### II. JUNIOR DAUGHTERS ONLY *(Please also complete the following if you are a Junior Daughter)*

Parent/Guardian Name \_\_\_\_\_

Their Residence Address *(if different)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Telephone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Directress, please print her name \_\_\_\_\_

Person Responsible for Junior Daughter during Triennial     Parent     DOK Directress

#### III. CREDENTIALING FOR DELEGATES & ALTERNATES ONLY *(Please also complete the following if delegate or alternate)*

I am a duly elected  Delegate  Alternate to Triennial; I represent my  Chapter  Diocese  Province.

If the Delegate is unable to attend the business session, the signatures below provide the approvals necessary for the Alternate to serve in the Delegate's stead.

\_\_\_\_\_  
Print Name of Delegate

\_\_\_\_\_  
Signature of Delegate

\_\_\_\_\_  
Print Name of Alternate

\_\_\_\_\_  
Signature of Alternate

**IMPORTANT NOTE:** To serve as a Delegate or an Alternate, your dues must be current as of December 31, 2011. Please note that each chapter, each diocese, and each province is allowed one delegate and one alternate. Junior Daughters cannot be Delegates or Alternates. If you register on-line, FAX your signed registration form to the National Office at 770-517-8066. You will receive a credential verification form from the National Office. Please present this verification form at Registration in order to be seated.

Your Name \_\_\_\_\_

**IV. SHARING YOUR GIFTS**

If you are willing to serve during the Triennial, please indicate by checking an area below.

- Morning Prayer Leader     
  Usher     
  Healing Team Member     
  Chalice Bearer  
 Lector / Reader of the Prayers     
  Acolyte / Server     
  Spiritual Director     
  Clergy: Assist with Eucharist

**V. REGISTRATION FEES**

Select the Registration Fee according to your participation:

	Advance Fee <i>If received by 3/24/12</i>	Standard Fee <i>If received after 3/25/12</i>	
<input type="checkbox"/> Daughter of the King	\$385.00	\$425.00	_____
<input type="checkbox"/> Junior Daughter of the King	\$250.00	\$275.00	_____
<input type="checkbox"/> Guest	\$385.00	\$425.00	_____

*The above fees cover your conference registration and twelve (12) meals which includes the Saturday night banquet*

If you plan to have a spouse or guest join you for the Saturday banquet only, you may purchase extra tickets.

Extra Banquet Ticket(s) \_\_\_\_\_ X \$50.00 \_\_\_\_\_

If you are purchasing extra banquet tickets, please provide the name(s) of the guest(s).

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

Total Due: \$ \_\_\_\_\_

**All registration and payments are due no later than May 15, 2012.  
 NO REFUNDS after June 1, 2012.**

**VI. PAYMENT**

Check (make payable to *The Order of the Daughters of the King*)      Check # \_\_\_\_\_

Money Order (make payable to *The Order of the Daughters of the King*)      Order # \_\_\_\_\_

Credit Card     MasterCard       Visa       Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Number (on back of card) \_\_\_\_\_

Billing Address (if different from registration address) \_\_\_\_\_

Credit Card Holder's Signature \_\_\_\_\_

Please mail this form and your payment to:

DOK Triennial Registrar	Phone: 770-517-8552
Margaret J. Franklin Center	<a href="mailto:DOK1885@doknational.org">DOK1885@doknational.org</a>
101 Weatherstone Drive # 870	www.doknational.com
Woodstock, GA 30188	(you may register on-line)