



**DISTRICT 26 FALL CONFERENCE & CHANGE OF WATCH**  
**19-21 October 2007**  
**Host: Hilton Head Sail & Power Squadron, Hilton Head Island, SC**



Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank & Grade \_\_\_\_\_ Squadron \_\_\_\_\_

Spouse/Guest Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Rank & Grade \_\_\_\_\_ Squadron \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone No. (Optional) \_\_\_\_\_

Friday 19 October:		<u>Number</u>	<u>Total \$</u>
1300-1800	Registration, Holiday Inn		
1500-1800	Hospitality Room Open		
1800-1900	Social Hour, Holiday Inn		
1900-2200	Dinner and entertainment, Holiday Inn	_____ @ \$28	_____

Saturday 20 October:		<u>Number</u>	<u>Total \$</u>
0800-0900	Registration, Holiday Inn		
0900-1200	District Conference, Holiday Inn		
1100-1400	Spouse/Guest Activities – Island Queen/Harbour Town	_____ @\$20	_____
1200-1300	Member's Luncheon, Holiday Inn	_____ @\$20	_____
1300-1600	District Conference Resumes		
1500-1800	Hospitality Room Open		
1800-1900	Social Hour, Holiday Inn		
1900-2200	Banquet & Change of Watch, Holiday Inn	_____ @\$38	_____
	<i>Specify: Chicken Cordon Bleu</i> <input type="checkbox"/> <i>or London Broil</i> <input type="checkbox"/>	Total	=====
Sunday 21 October	Complimentary Brunch, Spanish Wells Club	_____ Free	

*(For our planning, please let us know if you will be with us)*

**Mail Registration form and a non-refundable check payable to Hilton Head Sail & Power Squadron to:**  
**P/R/C Lew Ward, 24 Stillwater Lane, Hilton Head Island, SC 29926 – tel. 843-681-8407**  
**email address is <lgwardhhi@roadrunner.com>**

Hotel Deadline: 1500, 19 Sep 07 ..... **Activities Deadline Extended Until: 5 Oct 07**

**Hotel Reservations:** Call direct – 1-800-HOLIDAY (1-800-465-4329) **Room Rate: \$99.00 ++**

**Mention group Code: "HHS"**

Or:

Mail to: Holiday Inn Oceanfront, Attn: Melanie Allen  
 1 S. Forest Beach Road,  
 Hilton Head Island, SC 29928

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Smoking  Non-Smoking  Bed Preference: \_\_\_\_\_ (King/Double)

Credit Card Type \_\_\_\_\_ Number \_\_\_\_\_ Exp Date \_\_\_\_\_

*Visa, MasterCard, American Express, Discover*

*(Note: Our block will be held till the deadline, above. After that, all rooms are available to the public.)*