



State President's Leadership Conference

Reserve your spot today.

Return the attached registration form and necessary payment to ESA Headquarters to register.

Dates

February 28 – March 3, 2019. The meeting will begin Thursday evening (Feb. 28) at 7:00 p.m. The meetings conclude Saturday evening (March 2) at 9:00 p.m.

Location

Holiday Inn DIA, 6900 Tower Road, Denver, CO 80249. Phone: 303.574.1300.

Registration Fees

- \$625.00, double-occupancy, before January 1 (\$675.00 after January 15)
- \$695.00, single-occupancy, before January 1 (\$725.00 after January 15)

Registration Includes:

- Lodging for Thursday, Friday, and Saturday nights
- Innovative and in-depth leadership training
- Lunch on Friday and lunch and dinner on Saturday
- Applicable ideas ready to use locally
- All seminar materials

Travel Tips

Arrange your flight into Denver International Airport, Denver, CO. The Holiday Inn DIA has a complimentary shuttle to and from the airport.

Annual Leadership Conference Registration Form

We're so happy you're joining us! We're already planning an unforgettable event just for you. Complete this application and return it with necessary payment to ESA Headquarters at 363 W. Drake Road, Fort Collins, CO 80526.

Personal Information:

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone (H): _____ E-mail: _____

Phone (W): _____ Fax: _____ Cell: _____

ESA Office (please check one):

Incoming State President - State: _____

International Council Executive or Appointed Board Member: _____

Other (Candidate, membership director, etc.): _____

Room Accommodations

Room accommodations are single or double occupancy (please check one).

For double-occupancy, would you prefer a roommate who smokes, doesn't smoke, or

no preference (please check one).

Registration Fees (non-refundable):

- \$625, double-occupancy, before January 1 (\$675 after January 1)
- \$695, single-occupancy, before January 1 (\$725 after January 1)

Payment Information (check only one):

• Enclosed is a personal check money order for \$ _____ made payable to ESA.

• Please charge my Visa MasterCard Discover for \$ _____

Card Number: _____ Expiration Date: _____

Card Security Code (three digits on the authorized signature panel on the back of the card): _____

Name on card: _____

Signature: _____

Questions? Contact Kristin Hall, ESA Headquarters at KristinH@epsilonsigmaalpha.org or 970.223.2824 Ext. 108