



## OUT OF STATE VISITORS - REGISTRATION FORM

GRAND CHAPTER OF COLORADO, OES  
132<sup>nd</sup> GRAND CHAPTER SESSION  
"ALWAYS BETTER TOGETHER" SESSION  
SEPTEMBER 18-20, 2025



Please register using this form OR online no later than September 1, 2025 at [www.oes-colorado.org/registration](http://www.oes-colorado.org/registration)

ONLY ONE REGISTRANT PER FORM – Form may be duplicated

NAME: (Print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

TITLES as of September 17, 2025: Grand Jurisdiction \_\_\_\_\_

Chapter Name & #: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_ GGC Elective/Appointed Officer Title \_\_\_\_\_

\_\_\_\_ GGCCM Committee \_\_\_\_\_

\_\_\_\_ Grand Officer Title \_\_\_\_\_

\_\_\_\_ Grand Officer Emeritus Title \_\_\_\_\_

\_\_\_\_ Grand Representative of \_\_\_\_\_ in \_\_\_\_\_

WGM \_\_\_\_\_ WGP \_\_\_\_\_ PGM \_\_\_\_\_ PGP \_\_\_\_\_ WM \_\_\_\_\_ WP \_\_\_\_\_ AM \_\_\_\_\_ AP \_\_\_\_\_ PM \_\_\_\_\_ PP \_\_\_\_\_

Chapter Officer Title: \_\_\_\_\_

Additional Titles: \_\_\_\_\_

ESCORT TO: \_\_\_\_\_

**ALL MEMBERS MUST PRESENT A CURRENT DUES RECEIPT WHEN PICKING UP REGISTRATION CARDS & PACKETS**

Out of State Registration: Wednesday noon to 4:00 p.m. and 7:00 – 8:00 pm

Thurs. 7:00 a.m. to 8:00 a.m.

**ALL MEMBERS ATTENDING ARE REQUIRED TO PAY THE \$30.00 (US CURRENCY) NON-REFUNDABLE REGISTRATION FEE.**

Out-of-State visitors may register on-line at [www.oes-colorado.org/registration](http://www.oes-colorado.org/registration) or mail this completed registration form with payment. Make checks payable to Grand Chapter of Colorado (no cash by mail) or note credit card information below and

**mail to: Scott Krebs, Grand Secretary; 2495 South Quebec Street, #60; Denver, CO 80231-6068**

**REGISTRATION MUST BE RECEIVED BY SEPTEMBER 1, 2025**

**For any Out of State Registration questions, please contact:**

**CherylAnn Craven-Lindblad, PGM Distinguished Guest Chairman** Cell #: 970-396-3364 Email: [asap4sure@gmail.com](mailto:asap4sure@gmail.com)

CHECK # \_\_\_\_\_ CASH ☐ CREDIT CARD ☐ confirmation # \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

*Once Credit Card is processed, the lower portion will be removed and shredded. CC payments will incur a processing fee.*

**CREDIT CARD PAYMENT:** Name as appears on card (Please print) \_\_\_\_\_

Billing Address (including ZIP code): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Security Code (from back of card) \_\_\_\_