COLORADO GRAND CHAPTER REGISTRATION
FOR OUT-OF-STATE MEMBERS ONLY
"A Musical Journey"
129th Grand Chapter Session September 22-24, 2022
Grand Chapter will be held at the Double Tree by Hilton DTC,
7801 East Orchard Road, Greenwood Village, CO 80111
$20 Registration Fee is Non-refundable

ORDER OF THE EASTERN STAR
COLORADO

PLEASE PRINT

NAME:_____DATE:_____

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

Phone: (_____)_____ Cell: (_____)_____ E-Mail:_____

Anticipated arrival date/time:_____ _____

TITLE(S) as of September 22, 2022: Grand Jurisdiction of:_____ Chapter:_____ No.:_____

_____ GGC Elective/Appointed Officer   Title: _____

_____ Ambassador/GGCCM   Title: _____

_____ Grand Officer   Title: _____

_____ Grand Officer Emeritus   Title: _____

_____ Grand Representative of:_____ in:_____

WGM ☐   WGP ☐   PGM ☐   PGP ☐   WM ☐   WP ☐   PM ☐   PP ☐   Other: _____

Additional or Other Titles:_____

ESCORT TO: _____

ALL MEMBERS MUST PRESENT A CURRENT DUES RECEIPT WHEN PICKING UP REGISTRATION CARDS & PACKETS
Out-of-State Registration: **Wed.** 9/21/22, 1:30 p.m. to 5:00 p.m. and **Thurs**. 9/22/22, 7:30 a.m. to 10:00 a.m.
Reservations for all meals must be made on the Meal Reservation Form

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GRAND CHAPTER USE ONLY

2022 DUES CARD NUMBER: PRIMARY_____ PLURAL_____ PLURAL_____   PLURAL_____

CHECK #_____   CASH ☐   CREDIT CARD ☐ (see below) confirmation #_____

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You may register online at: www.oes-colorado.org/registration (note online registration closes on 09/01) or fill out this form and mail it along with payment to Grand Chapter of Colorado; Attn: Grand Secretary; 2495 South Quebec Street, #60; Denver, CO 80231-6068. Make checks payable to **Grand Chapter of Colorado.** Any questions contact Colorado Out-of-State Registration Chairman, Genie Wilcox, GGCCM, 719-650-9582 or WGM2015@gmail.com
Use a separate form for each person   A single check for a group is acceptable

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Once Credit Card is processed, this portion will be removed and shredded

CREDIT CARD PAYMENT - (*Please print*) Name as appears on card:_____

CREDIT CARD Billing Address including ZIP code:_____

CREDIT CARD #: __ __ __ __   __ __ __ __   __ __ __ __   __ __ __ __

Expiration Date: __ __ /__ __ __ __   Security Code: __ __ __ (located on back of card)