



**COLORADO GRAND CHAPTER REGISTRATION  
FOR OUT-OF-STATE MEMBERS ONLY**

***“A Musical Journey”***

***129<sup>th</sup> 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***

**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**

**GRAND CHAPTER USE ONLY**

2022 DUES CARD NUMBER: PRIMARY \_\_\_ PLURAL \_\_\_ PLURAL \_\_\_ PLURAL \_\_\_

CHECK # \_\_\_\_\_ CASH  CREDIT CARD  (see below) confirmation # \_\_\_\_\_

You may register online at: [www.oes-colorado.org](http://www.oes-colorado.org) (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](mailto: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)