



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



*"Be the Light of Kindness"*

***131st Grand Chapter Session September 19-21, 2024***

**Grand Chapter will be held at the Double Tree by Hilton,  
3203 Quebec St., Denver, CO**

***\$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 19, 2024: 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. 9/18/24, 1:00 p.m. to 5:00 p.m.** and **Thurs. 9/19/24, 7:30 a.m. to noon**

**Reservations for all meals must be made on the Meal Reservation Form**

**GRAND CHAPTER USE ONLY**

2024 DUES CARD NUMBER: PRIMARY \_\_\_\_\_ PLURAL \_\_\_\_\_ PLURAL \_\_\_\_\_ PLURAL \_\_\_\_\_

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

You may register online at: [www.oes-colorado.org/registration](http://www.oes-colorado.org/registration) (note online registration closes on 09/01/24) 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, Pat Mammenga, GGCCM, 719-748-5026 or [pmammenga@centurylink.net](mailto:pmammenga@centurylink.net)

***\*\*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)