



# OUT OF STATE VISITORS – REGISTRATION FORM

GRAND CHAPTER OF COLORADO, OES  
133<sup>RD</sup> GRAND CHAPTER SESSION  
"WINGS OF LOVE" – SESSION  
SEPTEMBER 24-26



Please register using this form or online no later than **September 1, 2026** 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 23, 2026: Grand Jurisdiction:** \_\_\_\_\_

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

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

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

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

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

WGM \_\_\_ WGP \_\_\_ PGM \_\_\_ PGP \_\_\_ WM \_\_\_ 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 12:00 p.m. to 4:00 p.m. and 7:00 – 8:00 p.m.

Thursday 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; 2760 Iron Horse Dr, Montrose CO 81401**

**REGISTRATION MUST BE RECEIVED BY SEPTEMBER 1, 2026**

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

Shirley Day GGCCM – Distinguished Guests Chairman Cell#: 719-666-0368 Email: [srday80829@gmail.com](mailto:srday80829@gmail.com)

Anna Peterson GGCCM – Distinguished Guests Chairman Cell # 303-598-5551 Email: [annaptrsn360@gmail.com](mailto:annaptrsn360@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 (on back of card) \_\_\_\_\_