



**COUNCIL OF NATIONAL DIRECTORS
September 25-28, 2017**

Director Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

E-mail: _____

Division/Organization: _____

_____ Yes, I will be attending the PAC Council of National Directors Meeting
_____ No, I will be unable to attend

Registration fee

Registration fees must be paid by check payable to the Polish American Congress, and must arrive at the National Office at 1612 K St. NW, Suite 1200, Washington D.C. 20006 BEFORE September 5, 2017. Registration payments will not be accepted at conference check-in. Fees must be paid by the deadline.

PAC National Director	Guest
\$375	\$250

How many Directors? _____ \$ _____

How many Guests? _____ \$ _____

TOTAL ENCLOSED: \$ _____

We would like to encourage National Directors to bring their spouses and guests so they can participate in open sections of the CND meeting.

Please circle Dinner Banquet (September 25th at 7:00 p.m.) meal of your choice:

- Seared Maryland Jumbo Lump Crab Cakes
- Tuscan Chicken – Bone-in Chicken Breast stuffed with Artichokes and Basil Butter
- Slow Roasted Prime Rib with Au Jus

Do you have any dietary restrictions? Yes No

If you have dietary restrictions, please indicate: _____

Guest Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

E-mail: _____

Division/Organization: _____

Please circle Dinner Banquet (September 25th at 7:00 p.m.) meal of your choice:

- Seared Maryland Jumbo Lump Crab Cakes
- Tuscan Chicken – Bone-in Chicken Breast stuffed with Artichokes and Basil Butter
- Slow Roasted Prime Rib with Au Jus

Do you have any dietary restrictions? Yes No

If you have dietary restrictions, please indicate: _____

Signature: _____

Registration Instructions:

Mail this page with your registration fees BEFORE **September 5, 2017** to the Polish American Congress National Office, 1612 K Street, NW, Suite 1200, Washington DC, 20006.