



**Continental Societies, Incorporated**  
**52<sup>nd</sup> National Conclave**  
**June 25 – 29, 2008**

“Our Children, Our Commitment, Our Concern”

**Chicago Marriott Oak Brook Hotel**  
**1401 West 22<sup>nd</sup> Street**  
**Oak Brook, IL 60523**

**Phone: 630-573-8555 Toll-Free Reservations: 800-228-9290**

**REGISTRATION FORM FOR CONTINENTALS**

Name: _____				
Last	First	Middle Initial		
Address: _____				
Street	City	State	Zip	
Phone: _____				
Home	Work	Cell	e-mail	
Chapter: _____				
<input type="checkbox"/> National Officer <input type="checkbox"/> Regional Officer <input type="checkbox"/> Chapter President <input type="checkbox"/> Member				

**Registration Fee**

**\$325 Postmarked by April 30, 2008**  
**\$360 Postmarked May 1 - May 17, 2008**  
**\$380 On-Site Registration**

Total Amount Enclosed \$ \_\_\_\_\_ Make check payable to: Continental Societies, Inc.

**Mail Check and Registration Form to:**

**G. Patricia Stokes**  
**National Financial Secretary**  
**P. O. Box 784**  
**Goldsboro, NC 27533-0784**

Charge to:     VISA        MasterCard    Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

**Send a self addressed stamped envelope or an e-mail address to request a receipt**

**I will participate in the following activities: (check all that apply)**

Continental Chorale     Casino Outing Friday Evening     Downtown Chicago Saturday Afternoon



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**REGISTRATION FORM FOR CONTINENTAL GUYS & GUESTS**

CSI Guy's Name:	_____	_____	_____
	Last	First	Middle Initial
Address:	_____	_____	_____
	Street	City	State Zip
Phone:	_____	_____	_____
	Home	Work	Cell e-mail
Chapter:	_____		
CSI Guest Name:	_____	_____	_____
	Last	First	Middle Initial

**Registration Fee**

**\$250 Postmarked March 1 - April 30, 2008**

**\$285 Postmarked May 1 – May 17, 2008**

**\$305 On-Site Registration**

Total Amount Enclosed \$ \_\_\_\_\_ Make check payable to: Continental Societies, Inc.

**Mail Check and Registration Form to:**

**G. Patricia Stokes**  
**National Financial Secretary**  
**P. O. Box 784**  
**Goldsboro, NC 27533-0784**

Send a self addressed stamped envelope or e-mail address to request a receipt

Charge to:    y VISA            y MasterCard    Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

I will participate in the following activities:

Thursday (check one)            \_\_\_\_\_    ESPN Zone    \_\_\_\_\_    Historical Tour    \_\_\_\_\_    Golf  
Friday (check all that apply)    \_\_\_\_\_    Architectural Boat Tour    \_\_\_\_\_    Casino Outing  
Saturday (check all that apply)    \_\_\_\_\_    Downtown Chicago



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### REGISTRATION FORM FOR CONTINENTAL CHILDREN

CSI Child's Name: _____				
	Last	First	Middle Initial	
Address: _____				
	Street	City	State	Zip
Phone: _____ Age _____ Male _____ Female _____				
CSI Child's Name: _____				
	Last	First	Middle Initial	
Address: _____				
	Street	City	State	Zip
Phone: _____ Age _____ Male _____ Female _____				
Continental's Name: _____				
	Last	First	Middle Initial	
Address: _____				
	Street	City	State	Zip
Phone: _____				
	Home	Work	Cell	e-mail
Chapter: _____				

#### Registration Fee

**\$125 (Ages 5-12 years old) Postmarked March 1 - April 30, 2008**

**\$150 Postmarked May 1 - May 17, 2008** No On-Site Registration

Activities will be age appropriate

Total Amount Enclosed \$ \_\_\_\_\_

**Mail Check and Registration Form to:**

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National Financial Secretary  
P. O. Box 784  
Goldsboro, NC 27533-0784

Send a self addressed stamped envelope or e-mail address to request a receipt

Charge to:  VISA  MasterCard Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_



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**GENERAL REGISTRATION INFORMATION**

**Registration Fee**

Registration fees are to be paid in advance directly to G. Patricia Stokes, National Financial Secretary. Fee includes all scheduled activities, meals, transportation and registration materials.

**Hotel Registration & Location**

Hotel reservation is the responsibility of each Continental attending the Conclave and must be made directly with Chicago Marriott Oak Brook Hotel

1401 West 22<sup>nd</sup> Street

Oak Brook, IL 60523

Phone: 630-573-8555 Toll-Free Reservations: 800-228-9290

marriott oakbrook.com

Room Cost: Single, Double, Triple, or Quad \$114 per night

The hotel is centrally located between O'Hare and Midway airports, 25 minutes from downtown Chicago, across the street from the beautiful Oak Brook Shopping Center.

**Directions**

From O'Hare Int'l Airport (approx. 25 min.) Take 294 South to I-88 West, stay in right lane, pay toll. Exit at 22<sup>nd</sup> Street (Cermak Road). When exiting off ramp, turn left at 22<sup>nd</sup> Street and proceed to second traffic light. Turn left into hotel parking lot.

From Midway Airport (approx. 30-35 min.): Take Cicero Ave. North to I-55 Southwest (Stevenson Expressway). Take I-294 North to I-88 West, pay toll. Exit at 22<sup>nd</sup> Street (Cermak Road). When exiting off ramp, turn left at 22<sup>nd</sup> Street and proceed to second traffic light. Turn left into hotel parking lot.

**Transportation**

No hotel shuttle services from airports to hotel. Free hotel parking. We recommend Caprice Limousine Service, Inc. \$74+gratuity from O'Hare; \$85+gratuity from Midway (one way). The passenger van seats 1-11 people. Therefore, you may want to pool with other CSI sisters and share the cost. Make reservations directly with Caprice 1-800-716-1968 and tell them you are with Continental Soc., Inc. Be sure to give them your arrival & departure times.

**Refunds**

A portion of Registration Fees paid in advance is refundable upon written notification to the Chicago Chapter.

Registration Fees paid in advance are refundable less a 50 percent cancellation fee, if written notice is received and/or postmarked on or before June 1<sup>st</sup>. Refund requests received and/or postmarked on or after June 2<sup>nd</sup> will not be honored.

Refund checks will be issued by the National Financial Secretary, G. Patricia Stokes approximately 60 days after the Conclave.

**Transfers**

Transfer of registration is permitted with written consent from the transferee.



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**Chapter Display Information**

Each Chapter is expected to prepare a display of their HEER + Arts and Humanities activities held during the 2007-2008 programmatic year.

Due to limited space, each Chapter can only have ONE six feet long skirted table. Please adhere to these guidelines in order to accommodate all Chapters. Displays can be set-up from 8:00 A.M. – 8:00 P.M. on Wednesday, June 25, 2008 in the Marquis Room.

All displays will be judged on the following criteria:

- ✚ Creativity
- ✚ Attractiveness
- ✚ Adhere to theme, “Our Children, Our Commitment, Our Concern”
- ✚ Adhere to HEER + Art s and Humanities components

**Detach Here**

**Display Table Order Form**

Contact Person Name \_\_\_\_\_

	Please Print	Signature
Date	Home	Work
		e-mail

Chapter \_\_\_\_\_

Special Equipment Needed \_\_\_\_\_  
 Additional funds may be required for this request

Electrical Outlets Needed \_\_\_\_\_

Request must be postmarked by May 15, 2008 to ensure space.

Please send request form to:

Marian Bullock  
 Vice President Chicago Chapter  
 409 Cornell AV  
 Calumet City IL 60409  
 (H) 708-868-2289 E-Mail [mebullock@wideopenwest.com](mailto:mebullock@wideopenwest.com)