



# Change Form for Delegates

**Registration Fees:**  
 Early Registration \$ 150  
 After June 25, 2008 \$ 155

This form is to report delegate changes. Please report changes as soon as they occur. Make a copy of this form for your records. If the person you are adding is a life member, legislative council rep, state officer, zone director, or state board member put "V" in the fee area and PSE will waive the registration fee.

**Chapter Name & Number:** \_\_\_\_\_

**Please note that delegate changes may be made ONLINE!** Please refer to the confirmation letter you received for instructions. Remember to update your housing reservations as well with the names of your new delegate(s).

There is no fee for replacing delegates; however, you must pay the registration fee for any additional delegates.

**Does adding delegates exceed the total number of delegates for which your chapter is eligible?** \_\_\_\_\_

<b>Delete Delegate</b>			
Name	Home Phone # (Optional)		Registration Fee \$ - _____
Home Email:	Job Classification		
Address	City	State Zip	
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Add Delegate</b>			
Name	Home Phone # (Optional)		Member ID:
Home Email:	Job Classification		If First Time Attendee → <input type="checkbox"/>
Address	City	State Zip	Registration Fee \$ - _____
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Friday Night Excursion Option (please mark your choices 1-4, 1 being first choice):</b>			
Center Stage Dinner Theater _____ The Davenport Hotel _____ N. Q. Casino _____ Rockin' B Ranch Supper Show _____ Not Interested _____			

<b>Delete Delegate</b>			
Name	Home Phone # (Optional)		Registration Fee \$ + _____
Home Email:	Job Classification		
Address	City	State Zip	
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Add Delegate</b>			
Name	Home Phone # (Optional)		Member ID:
Home Email:	Job Classification		If First Time Attendee → <input type="checkbox"/>
Address	City	State Zip	Registration Fee \$ + _____
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Friday Night Excursion Option (please mark your choices 1-4, 1 being first choice):</b>			
Center Stage Dinner Theater _____ The Davenport Hotel _____ N. Q. Casino _____ Rockin' B Ranch Supper Show _____ Not Interested _____			

**Additional space for additions and deletions are on the back side of this sheet.**

Continued....

**Delete Delegate**

Name	Home Phone # (Optional)	Registration Fee \$ + _____
Home Email:	Job Classification	
Address	City State Zip	
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Add Delegate**

Name	Home Phone # (Optional)	Member ID:
Home Email:	Job Classification	If First Time Attendee → <input type="checkbox"/>
Address	City State Zip	Registration Fee \$ + _____
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Friday Night Excursion Option (please mark your choices 1-4, 1 being first choice):**

Center Stage Dinner Theater \_\_\_\_\_ The Davenport Hotel \_\_\_\_\_ N. Q. Casino \_\_\_\_\_ Rockin' B Ranch Supper Show \_\_\_\_\_ Not Interested \_\_\_\_\_

**Delete Delegate**

Name	Home Phone # (Optional)	Registration Fee \$ + _____
Home Email:	Job Classification	
Address	City State Zip	
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Add Delegate**

Name	Home Phone # (Optional)	Member ID:
Home Email:	Job Classification	If First Time Attendee → <input type="checkbox"/>
Address	City State Zip	Registration Fee \$ + _____
Was this person previously reported as an alternate? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Friday Night Excursion Option (please mark your choices 1-4, 1 being first choice):**

Center Stage Dinner Theater \_\_\_\_\_ The Davenport Hotel \_\_\_\_\_ N. Q. Casino \_\_\_\_\_ Rockin' B Ranch Supper Show \_\_\_\_\_ Not Interested \_\_\_\_\_

**Make checks payable to PSE of Washington**

**Total Enclosed: \$ \_\_\_\_\_**

If changes need to be made **after July 25<sup>th</sup>**, this form or a letter **MUST** be prepared and signed by your chapter president, treasurer or delegate chairperson and hand carried by the delegate to the PSE office at convention.

I, Chapter President or Treasurer certify that the delegate additions were duly elected according to the PSE State Bylaws, Article IX & X.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Mail completed form to: KF Events LLC  
Attn: Krista Fleming  
18336 Aurora Av. N., Suite 112 #157  
Shoreline, WA 98133

Telephone: 1-866-820-5652  
Fax: 1-206- 529-4999

**Make a copy of all completed forms for your files.**