

Grand Imperial Conclave of Canada

82nd Annual Assembly – August 16 – August 17, 2017

Coast Plaza Hotel & Convention Centre, 1316-33rd Street N.E., Calgary, AB

Sovereign Great Priory of Canada

134th Annual Assembly – August 18 – August 20, 2017

Coast Plaza Hotel & Convention Centre, 1316-33rd Street N.E., Calgary, AB

Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____

Ladies Name: _____ if attending. Email: _____ Tel: _____

Arrival Date: _____ Via: Car ___ or Airline: _____ Flight: _____ Arrival Time: _____

Attending: YES ___ NO ___

Attending: YES ___ NO ___

Conclave: _____ No.: _____ Rank: _____

Preceptory: _____ No.: _____ Rank: _____

Present Office: _____

Present Office: _____

Registration (ALL INCLUSIVE PACKAGE) **(includes Tours)**
(KNIGHTS COMPANION) \$150.00 (LADIES) \$150.00

Registration (ALL INCLUSIVE PACKAGE) **does not include KTCF Lunch**
(SIR KNIGHTS) \$150.00 (LADIES) \$150.00

- or
- Registration Only (THURSDAY ONLY) \$50.00
 - Wednesday’s “Get Acquainted” \$35.00 ea ___ One or ___ Two
 - Thursday Lunch Ticket \$35.00 ea ___ One or ___ Two
 - Thursday (City Tour) tickets \$60.00 ea ___ One or ___ Two
 - Single Banquet Tickets \$70.00 ea.

- or
- Registration Only (SATURDAY ONLY) \$50.00
 - Friday evening “Meet & Greet” \$35.00 ea ___ One or ___ Two
 - KTCF Foundation Friday Lunch \$35.00 ea ___ One or ___ Two
 - Saturday Men’s Luncheon tickets \$35.00 ea
 - Lady’s Program and Luncheon (Saturday) tickets \$60.00 ea
 - Single Banquet Tickets \$70.00 ea.

Grand Sovereign’s Banquet (Thursday) state choice & number of meals

Number of meals: Beef ___ Fish ___ Chicken ___

Grand Master’s Banquet (Saturday) state choice & number of meals

Number of meals: Beef ___ Fish ___ Chicken ___

Food Special Needs Only: _____

Food Special Needs Only: _____

Please make cheque for Registration OR e-Transfer for Registration to: gfairbairn49@gmail.com
payable to: “Annual Assembly 2017” (No Post-dated cheques or Credit Cards please) **NOTE: No refunds after July 28, 2017**

Hotel Reservations must be made through the Registration Committee. A deposit of one night or Credit Card Guarantee is required.

Hotel Reservation below ___ or included with, (Name): _____ or I will NOT be staying in the Hotel (Signature): _____

Please complete the form below. Room Rates \$139.00, plus applicable taxes per night, single or double occupancy, *includes breakfast and free parking.*

Check in date: _____ Check out date: _____ Deposit \$ _____ Credit Card: Visa ___ Amex ___ MasterCard ___ Other _____

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Room Type: One King ___ Two Queen ___ Suite (one queen) ___ extra for suite Hotel Special Needs Only! (if applicable): _____

Send form and payment either by Mail to: George Fairbairn 803-158 Ontario St., St. Catharines ON L2R 5K6 (905) 397-5667
or by Email to: gfairbairn49@gmail.com

\$20 Late Fee payable on Registrations postmarked after July 28th

Hotel Reservations not guaranteed after July 20th