

General Delegates' Meeting
Verein Representative Information
2010

To: Credentials Committee
Gauverband Nordamerika Inc.

Meeting Date: May 1-2, 2010
Location: Sandusky, OH

Verein Name _____ City _____

A.) The following members are authorized to serve as Delegates at the above dated meeting:

1.) Name _____ 2.) Name _____
Address _____ Address _____
City _____ St/Prov _____ City _____ St/Prov _____
Zip _____ Tele. # _____ Zip _____ Tele. # _____

B.) The following members are authorized to serve as Alternates at the above dated meeting:

1.) Name _____ 2.) Name _____
Address _____ Address _____
City _____ St/Prov _____ City _____ St/Prov _____
Zip _____ Tele. # _____ Zip _____ Tele. # _____

C.) The following members will be Observers only at the above dated meeting:

1.) Name _____ 2.) Name _____
Address _____ Address _____
City _____ St/Prov _____ City _____ St/Prov _____
Zip _____ Tele.# _____ Zip _____ Tele.# _____

NOTE: All Delegates, Alternates and Observers attending the above dated meeting are required to pay the \$70 Registration Fee levied. Fees are due at the time of registration. Tickets for meals will be distributed as per the names included on this form only. Only those registered will be allowed in the meeting room. Please include additional Observer on the reverse side of this form.

President: _____ Secretary: _____
Print Name Print Name

Signature _____ Signature _____

In order for the Host Verein to develop a roster of attendees, please return this form on or before **April 1, 2010** to:

Host Verein contact name:

Heidi Rock
7218 Lilac Court
North Olmsted, OH 44070
440-427-9421 (phone/fax)
hmrock1@gmail.com (email)