

**2004 MO-ARK Mid-Winter Conference
Lodge of the Ozarks - Branson, MO
February 20-22, 2004**

Name _____ Spouse (If attending) _____

Mailing Address _____ Zip _____

Kiwanis Club of _____ Division _____

Phone () _____ Email _____

NOTE: There will be NO SMOKING in the Common Areas of the Lodge of the Ozarks.

MEAL TICKET ORDERS

	Early Registration Received by Feb. 13	After Feb. 13	TOTAL
Early arrivers special show			
The Duttons, Fri. Feb. 20 (<small>\$5.00 will go to the Earl Collins Foundation</small>)	\$22.00	\$22.00	_____
Past Lt. Gov.'s Breakfast	\$12.00	\$13.00	_____
K Family Luncheon (Kiwanis and Partner)	\$15.00	\$17.00	_____
Governor's Dinner	\$22.00	\$24.00	_____
Sunday Brunch	\$13.00	\$14.00	_____
Jim Stafford Show (<small>\$6.00 of each ticket will be donated by Jim Stafford to the Earl Collins Foundation.</small>)	\$25.00	\$25.00	_____
Special Package Discount (Lunch, Dinner, Brunch)	\$48.00	\$52.00	_____

Partners Afternoon Tour is at no charge.

MAKE CHECKS PAYABLE TO: KIWANIS MID-WINTER CONFERENCE (NO CREDIT CARDS)

Mail to : Dwayne Shoemaker, P.O. Box 1148, Kimberling City, MO 65686, Tel (417) 739-3041.

NOTE: ALL MEAL TICKET FUNCTIONS WILL BE PRE-SOLD PRIOR TO FEB. 18.

Check here ___ for information about child/youth programs Saturday afternoon and evening to be sent to you
(How many children? ___ Ages? _____)

For information about babysitting for children ages 4 and under, contact Dwayne Shoemaker.

For other information, please contact the MO-ARK District Officer 636/528-7856 or Email: pmkemper@nothnbut.net

(cut here)

PLEASE TYPE OR PRINT

ROOM RESERVATION FORM

MO-ARK KIWANIS MID-WINTER CONFERENCE

Mail room reservation separately to :

Lodge of the Ozarks, 3431 W. Hwy. 76 Branson, MO 65616

Tel (1-800-213-2584) Local Tel (417-334-7535) Fax # (417-334-6861)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARRIVAL DATE _____ DEPARTURE DATE _____

(all guaranteed arrivals must be guaranteed with an advance deposit or Credit Card)

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____ PHONE () _____

ROOM CHOICE (Please check one and indicate how many rooms are needed.)

NO. OF ROOMS	ROOM RATE	OCCUPANCY
___ Standard Dbl. Dbl.	\$61.31	One, two, three or four
___ Single Queen	\$61.31	One, two, three or four

NOTE: This room rate includes the local 11.475% applicable tax.

ROOM RESERVATIONS MUST BE MADE PRIOR TO FEBRUARY 5, 2004