



BATCH # _____

DATE REC'D: _____
(Office use only)

AUXILIARY # _____

STATE _____

2024 GRAND AUXILIARY INTERNATIONAL CONVENTION *PRE-REGISTRATION FORM*

DEADLINE FOR PRE-REGISTRATION: July 5th, 2024 NO EXCEPTIONS.

PACKET PICK-UP AREA: Eagles Pre-Registration area in the Hilton New Orleans Riverside Hotel beginning Saturday, August 3rd, 2024 @ 8 a.m.

COST: \$50.00 Per Person (U.S. Currency only) Total amount enclosed for Pre-Registration \$ _____

(Make all checks payable to: GRAND AERIE, F.O.E. Memo: Pre-Registration fee. (If paying by Credit Card, please fill out Credit Card form.)

PLEASE PRINT CLEARLY

The Pre-Registration Fee of \$50.00 each, must accompany this application. Check (✓) their title after their name. If not a Past President (PMP) or Ten-Year Secretary (TYS), indicate "Visitor".

| | | OFFICE USE ONLY | PMP | TYS | Visitor | Check # OR C.C. Type |
|-------|------|-----------------|-----|-----|---------|----------------------|
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |
| GAID# | Name | _____ | | | | _____ |

E-MAIL TO: records@foe.com

OR

MAIL TO: Grand Aerie, F.O.E. 1623 Gateway Circle South, Grove City, Ohio 43123. ATTN: Grand Secretary.