

**2010 ANNUAL MEETING  
REGISTRATION FORM**



PERSONAL INFORMATION	
FIRST NAME:	LAST NAME:
ADDRESS:	
CITY/STATE/ZIP	
HOME TELEPHONE: (     )	CELL/ALTERNATE PHONE: (     )
HELP US UPDATE OUR RECORDS BY PROVIDING YOUR EMAIL ADDRESS:	HOW DO YOU PREFER TO RECEIVE INFORMATION FROM GSHPA? CHECK ONE <input type="checkbox"/> EMAIL <input type="checkbox"/> U.S. MAIL
TITLE	
<input type="checkbox"/> DELEGATE <input type="checkbox"/> ALTERNATE <input type="checkbox"/> NATIONAL DELEGATE <input type="checkbox"/> OTHER (SPECIFY):	<input type="checkbox"/> BOARD MEMBER <input type="checkbox"/> STAFF  <input type="checkbox"/> BOARD DEVELOPMENT MEMBER
SPECIAL NEEDS OR REQUIREMENTS (INCLUDE ALLERGIES):	

REGION & SERVICE UNIT	
SELECT YOUR REGION	
<input type="checkbox"/> NORTH .....COLUMBIA; LYCOMING; MONTOUR; NORTHUMBERLAND; SCHUYLKILL; SNYDER; SULLIVAN; UNION <input type="checkbox"/> NORTHEAST ..... CARBON; LACKAWANNA; LUZERNE; PIKE; MONROE; SUSQUEHANNA; WAYNE; WYOMING <input type="checkbox"/> SOUTH.....ADAMS; LANCASTER; YORK <input type="checkbox"/> SOUTH CENTRAL .....CUMBERLAND; FRANKLIN; FULTON; DAUPHIN; LEBANON; PERRY <input type="checkbox"/> WEST..... CENTRE; CLINTON; HUNTINGDON; JUNIATA MIFFLIN	
SERVICE UNIT (IF APPLICABLE):	5-DIGIT NUMBER:

TRAVEL REIMBURSEMENT	OVERNIGHT ACCOMMODATIONS
<p><b>GSHPA HAS LIMITED FINANCIAL AID TO PROVIDE DELEGATES TRAVEL REIMBURSEMENT</b></p> <p><i>The IRS rate for nonprofit organizations is 14 cents per mile driven in service of charitable organizations. If you would like to be reimbursed for your mileage, please obtain a reimbursement form at the Annual Meeting and submit it for payment according to the instructions on the form.</i></p>	<p>ADULTS ATTENDING THE ANNUAL MEETING MAY STAY FREE OF CHARGE AT SOME OF OUR CAMP LOCATIONS. RESERVATIONS MUST BE MADE IN ADVANCE. MEALS, ACTIVITIES, ETC. ARE THE RESPONSIBILITY OF THE VOLUNTEER(S) SPENDING THE NIGHT ON FRIDAY. SEE THE "ANNUAL MEETING IS COMING" SHEET FOR FURTHER DETAILS.</p>

MEALS	
<p>A LIGHT CONTINENTAL BREAKFAST WILL BE OFFERED FOR YOUR ENJOYMENT.</p>	<p>GSHPA WILL PROVIDE LUNCH AT NO CHARGE TO ATTENDEES WHO REQUEST IT.</p> <p><b>I WOULD LIKE GSHPA TO PROVIDE LUNCH FOR ME :</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>

Mail this form to:  
 GSHPA Annual Meeting Registration  
 350 Hale Ave., Harrisburg, PA 17104