



2017 UNICO National

Mid Year Board Meeting March 17 - 19, 2017

Rosen Shingle Creek Resort
9939 Universal Boulevard, Orlando, FL 32819

Registration Form

Name: _____ Nickname: _____

Spouse's Name: (if attending) _____
(If spouse is a member please complete a separate form)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Chapter: _____ District: _____ Office: _____
(i.e., National, District, Chapter, Delegate)

Weekend Package Per Person \$155.00

INCLUDES: Continental Breakfast Saturday
Marconi Award Dinner Saturday

Number of Persons _____ X \$155.00 = \$ _____ Total

Make check payable to: **"UNICO NATIONAL"** or, if you prefer, use one of the following
(Circle one below)

MasterCard ~ Visa ~ Discover ~ American Express

Card Number _____ Exp Date _____ Security Code _____ (3 or 4 digit on back)

Signature /Name on Card _____

Completed form should be mailed, emailed or faxed to:

UNICO NATIONAL

271 US Highway 46 West, Suite F - 103

Fairfield, New Jersey 07004-2458

Tel: 973-808-0035 Fax: 973-808-0043 or email to: uniconational@unico.org