



2019 UNICO National
Mid Year Board Meeting February 28 - March 3, 2019
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 (includes Beer/Wine/Soda)

Number of Persons _____ x \$155.00 Total Paid \$ _____

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