

EMERGENCY INFORMATION FORM
89TH SESSION OF THE SUPREME ASSEMBLY
SOCIAL ORDER OF THE BEAUCEANT

September 20 – 25, 2009

DoubleTree Hotel, Denver, Colorado

(Please note, this information is confidential and is to be used for your safety and protection only.)

Last Name: _____ First Name: _____

Current Title (if any): _____

Spouses First Name: _____ Home phone: _____ Cell: _____

HomeAddress: _____

City, State, Zip _____

Assembly Name: _____ No. _____ State: _____

Date of arrival: _____ Date of departure: _____

Hotel _____ City; _____ State: _____

IF NOT STAYING IN HOTEL, PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of place staying _____ Phone _____

Street Address: _____

City, State, Zip _____

List any health conditions (i.e., heart condition, diabetes, physical handicaps, etc.)

Are you allergic to any medications? If so, Please list here: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ phone _____ cell _____

Relationship _____ Address _____

Name _____ phone _____ cell _____

Relationship _____ Address _____

PLEASE MAIL THIS FORM WITH YOUR REGISTRATION PACKAGE