

KAPPA ALPHA PSI FRATERNITY, INC.
59th SOUTHERN PROVINCE COUNCIL



MONTGOMERY, ALABAMA
APRIL 1 - 5, 2009

**Montgomery Alumni, Beta Zeta and
Omicron Lambda Host Chapters**

OFFICIAL REGISTRATION BOOKLET

KAPPA ALPHA PSI FRATERNITY, INC.
59th SOUTHERN PROVINCE COUNCIL
MONTGOMERY, ALABAMA
APRIL 1 - 5, 2009

TABLE OF CONTENTS

◆ GENERAL INFORMATION

◆ TENTATIVE AGENDA

◆ REGISTRATION FORM

◆ HOTEL INFORMATION

◆ SOUVENIR BOOK

◆ ADVERTISEMENT CONTRACT

KAPPA ALPHA PSI FRATERNITY, INC.

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APRIL 1 - 5, 2009

GENERAL INFORMATION

DEADLINES

Undergraduate Registration by

January 19, 2009	\$115
January 20 - February 28, 2009	\$140
After February 28, 2009	\$170

Alumni Registration by

January 19, 2009	\$150
January 20 - February 28, 2009	\$175
After February 28, 2009	\$200

One registration form per person.
Please duplicate as needed.

PROVINCE COUNCIL NOTES

Only financial Brothers may register.

Registration badge required for admission to:

- Business Sessions
- Undergraduate Luncheon
- Scholarship Breakfast
- Cook out
- Hospitality Suite
- Closed Banquet
- Closed Ball

Replacement badges may be obtained onsite for a \$25 fee.

ATTIRE

All Business Sessions require Brothers to be dressed in coat and tie. Closed Banquet requires Tuxedo or Dark Suit.

FORMS OF PAYMENT

Chapter and individual checks will be accepted until March 1, 2009. After March 1, 2009, only money orders and cash will be accepted. Returned checks will result in a \$35 processing fee.

CANCELLATION/CHANGE/REFUNDS

Request for cancellation of registration fees must be made by March 1, 2009 and forwarded to Brother Ralph Altice. This request must be in writing and will be reviewed on a case by case basis in order to determine if a \$25 cancellation fee should apply.

HOTEL RESERVATION GUIDELINES

Please see hotel information form enclosed, to register for hotel accommodations. Please contact hotel directly or visit their site online www.montgomeryrenaissance.com. Please remember to cancel your reservation three (3) business days prior to your arrival date to receive a refund.

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TENTATIVE AGENDA

Wednesday, April 1

1 pm – 11:30 pmPre Registration / Office

Thursday, April 2

1 pm – 6 pmRegistration

1 pm – 8 pmExhibits

5 pm – 6:30 pmSouthern Province Board
of Directors Meeting

7 pm – 9 pmPublic Meeting

9 pm – 10 pmPublic Reception

Friday, April 3

8 am – 12 pm.....Registration

9 am – 9 pm.....Exhibits

9 am – 12 am.....First Business Session

12 pm – 12:30 pmOfficial Photograph

12:30 pm – 2 pmCommittee Meetings

2 pm – 4:30 pmCook Out

9 pm – 1 am.....Red and White Dance

Saturday, April 4

7:30 am – 9 am.....Scholarship Breakfast

9 am – 12 NoonRegistration

9 am – 9 pm.....Exhibits

9:30 am – 12:30 pm....Second Business Session

12:30 pm – 2 pmUndergraduate Luncheon

2 pm – 3:30 pmThird Business Session

5 pm – 6:30 pmLife Membership Reception

7 pm – 9 pmClosed Banquet

10 pm – 2 am.....Province Ball
(Formal Attire)

Sunday, April 5

Departure

REGISTRATION FORM

Name _____ Chapter _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

I require special assistance Yes No Please specify _____

I have dietary restrictions Yes No Please specify _____

DELEGATE STATUS

Registration forms **will not** be processed without completion of this section.

- Non-voting
 Voting (Check number of votes) 3 1.5 1 Alternate

REGISTRATION FEES

CHECK ONE:

	<i>Postmarked by Jan 19, 2009</i>	<i>after Jan 20</i>	<i>after Feb 28</i>
<input type="checkbox"/> Undergraduate	\$115	\$140	\$170
<input type="checkbox"/> Alumni	\$150	\$175	\$200

TOTAL ENCLOSED \$ _____ \$ _____ \$ _____

ARE YOU ATTENDING

- Undergraduate Luncheon Yes No
 Closed Banquet Yes No
 Black and White Ball Yes No

METHOD OF PAYMENT

Personal checks, cash or money order accepted.
 Cash, bank draft, or money order only after March 1, 2009

Make check payable to: **Kappa Alpha Psi, Southern Province**

Please return to: **Mr. Ralph Altice
 601 Savannah Street
 Mobile, AL 36603**

NOTE: Registration badges will be checked at the door of all Province events.
 Registration is required for admittance into all meeting, hospitality suite, or event.

Province Use Only

Payment received by		Date		Amount	
Type of payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check no: _____ <input type="checkbox"/> Money order no: _____				

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HOTEL INFORMATION

Arrival Date: _____ Departure Date: _____

Reservations should be made under the Kappa Alpha Psi Fraternity room block.
The rate for single and doubles are \$101, plus tax per night.

Number of Guests: _____ Arrival Time _____

Please Note: Check in time is 3 pm / Check out time is 12 pm. Reservation must be made by March 12, 2009. You must cancel your reservation 72 hours in advance in order to avoid penalty.

Each individual guest must make their own reservations by calling 877-545-0311

Guest Name _____

Address _____

City / State / ZIP _____

Phone _____

Amex M/C Visa Discover Other _____

Credit Card No: _____

Guest Signature _____

Mail to Renaissance Montgomery Hotel and Spa
 201 Tallapoosa Street
 Montgomery, AL 36104

All reservations must be made prior to March 12, 2009.
Reservations made after this date will be based upon availability only.



GUIDE RIGHT FOUNDATION of MONTGOMERY, INC.

A 501 (C) (3) Non-Profit Organization

1949 Walnut Street Montgomery, AL 36106

BOARD OF DIRECTORS

Chairman
Daniel Harris, Jr., ESQ

Vice President
Pernell Jenkins

Secretary
Ralph J. Bryson

Treasurer
John J. Ivery, Sr.

Scholarship Committee
Chairman
Leon Robinson

Guide Right Program
Directors
Tislam D. Ellis
Nicholas L. Townsend
W. Marlon Reynolds

Executive Director
Theodore M. Morgan, Sr.

59th Province Council
Planning Committee
Co-Chairmen
John J. Ivery, Sr.
John E. Jones

Advertisement Contract

I authorize the Guide Right Foundation of Montgomery, Inc., to publish the attached page (s) camera ready advertisement (s) in the Souvenir booklet for the 59th Southern Province Council (April 1-5, 2009). I have enclosed a business check, cashier's check or money order in the amount of \$ _____ for the attached advertisement (s). I understand that the proceeds will go to the philanthropic endeavors designated by the Foundation. **Due date for all material is Friday, February 21, 2009.**

Organization: _____

Contact Person: _____

Address: _____

Note: Proof of publication of the attached advertisement will be available.

Phone number (s): _____

Signature: _____ Date: _____

Advertisement secured by: _____

All checks/money orders are payable to: **Guide Right Foundation/Montgomery, Inc.**

Advertisement Rates: PLEASE CHECK ALL THAT APPLY

- Add \$20 for each photo to be included in any submission that is not already embedded in (a part of) the attached camera ready advertisement.
- Half Page \$150.00
- Full Page \$200.00
- Full Page – *V.I.P. Recognition* (Silver Leaf or equivalent) \$275.00
- Inside Cover (Front/Back) \$400.00
- Back Cover \$750.00



RECEIPT

RECEIPT

Signature of purchasing Party and Date

Size and Cost of Ad

Signature of Solicitor

Amount Received/Form of Payment

Guide Right Foundation
1949 Walnut Street
Montgomery, AL 36106
Tax ID#: 80-0074492

The above -referenced amount contributed is tax-deductible to the extent allowed by law.