

**TGOA/MGCA
BOARD of DIRECTORS MEETING**

November 4-5, 2011

HOLIDAY INN HOTEL & SUITES

4800 Merle Hay Road
Des Moines, Iowa

REGISTRATION

REGISTRANT (Please Print):

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ - _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

E-MAIL: _____

CLUB: _____

REGION: _____

BoD OFFICE: _____

SPOUSE/GUEST(s) (Please Print):

NAME: _____

REGISTRATION FEE

(Per Attendee)

Prior To: **October 1, 2011** \$ 85.00

After: **October 1, 2011** \$100.00

Amount Enclosed: No _____ X \$ _____ = \$ _____

(Cancel Charge After October 28th \$25.00 Per Registrant)

ARRIVAL: _____ DEPARTURE: _____

Automobile _____ Airline _____

Airport Transportation Furnished By Holiday Inn

Send registration form, with check made payable to **TGOA/MGCA Director Meeting**, postmarked no later than **October 3, 2011** to:

Ronald A. Heggen
10608 Sharon Circle
Urbandale, Iowa 50322-6300

(Question: 515-262-8635 / raheggen@dwx.com)