

**TGOA/MGCA
BOARD of DIRECTORS MEETING**

November 7-8, 2008

HOLIDAY INN HOTEL & SUITES

4800 Merle Hay Road
Des Moines, Iowa

REGISTRATION

REGISTRANT:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ - _____

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

E-MAIL: _____

CLUB: _____

REGION: _____

BOD OFFICE: _____

SPOUSE/GUEST(s):

NAME: _____

REGISTRATION FEE

(Per Attendee)

Prior To: **October 6, 2008** \$75.00

After: **October 6, 2008** \$90.00

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

(Cancel Charge After October 27th \$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 6, 2008** to:

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

(Questions: (515) 262-8635 or E-mail; raheggen@dwx.com)