



**The English-Speaking Union of the United States
Annual Conference
The Brown Palace Hotel, Denver, CO
September 23-26, 2010
Registration Form**

The opening event of the Conference for all registrants is a welcome social and dinner on Thursday, September 23 at 5:30 pm. The Board of Directors and its committees will meet earlier during that day. The Conference will conclude by 11 am on Sunday, September 26. Optional tours are offered on Wednesday, September 22 and Thursday, September 23.

Please print name(s) as you would like them to appear on:

Delegate List: _____

Name Badge(s) _____

Branch: _____ Office(s) held in ESU: _____

_____ I am a National Patron*

The Conference registration fee of \$375 per person includes:

- all plenary sessions, workshops and presentations;
- opening welcome social and dinner (western-dress optional) on Thursday evening;
- lunch with speaker on Friday;
- lunch with speaker on Saturday;
- dinner (black tie optional) with speaker on Saturday evening.

*Current National Patron Program donors will be invited to an exclusive reception, hosted by ESU Chair Patricia Schroeder, at the Governor's Mansion Carriage House. If you would like to enroll as a National Patron, please see reverse of form or call ESU Development Director Julie Brinker at 212.818.1200 x 218.

I/we will stay at The Brown Palace Hotel _____ Other _____

I/we would like to reserve _____ places for the Friday afternoon, no host Tea at the Brown Palace Hotel (see Options page)

I/we would like to attend the Sunday service at Saint John's Episcopal Cathedral (please indicate number in party) _____. (See Options page)

I/we will attend the National Patrons' Reception (please indicate number in party) _____.

_____ Check here if you would like assistance identifying a room mate.

Conference Cancellation Policy:

Written notice (fax, email or post) is required to cancel your Conference registration. A \$25 processing fee will be charged for cancellations made prior to August 23, 2010. After that date, fees are non-refundable.

Registrant information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone Home _____ Office _____ Mobile _____

E-mail _____

Please complete registration payment on reverse.

(over)

Conference Registration Payment Form for _____

Please print your name(s)

Return this form with payment by mail or fax (front and back) to:
ESU Conference Coordinator, 144 East 39th Street, New York, NY, 10016

You may also register with credit card online at www.esuus.org/agm2010.htm

Conference Attendees:	# of Registrants _____ @ \$375 per person=	\$ _____
Optional Tours:	A # of people _____ @ \$65 =	\$ _____
(see Options page)	B # of people _____ @ \$40 =	\$ _____
Tutankhamun exhibition	# of people _____ @ \$15 =	\$ _____
Subtotal payment for Conference Registration and Optional Tours		\$ _____

National Patron Program

If you are not already a National Patron, please consider contributing to the National Patron Program of The English-Speaking Union of the United States. Your charitable contribution to the ESU will provide meaningful cultural and educational programs that enrich the lives of thousands of high school and college students nationwide, our members across the country and the greater international community of those teaching, learning and speaking English.

I/We wish to support the ESU this year at the following National Patron level:

- National Donor (\$300)
- National Sponsor (\$500)
- Sustaining Member (\$750)
- President's Circle (\$1,000)
- Chairman's Circle (\$2,500)

Benefits of giving to the National Patron Program include local and national recognition and invitations to exclusive events. Half of your National Patron contribution will be designated to your Branch.

For additional information please visit http://www.esuus.org/support_esu.htm or call ESU Development Director Julie Brinker at 212.818.1200 x 218.

Contribution to the National Patron Program \$ _____

Total Payment: \$ _____

Please indicate method of payment:

Payment by Check (payable to The English-Speaking Union)

Credit Card Payment Visa _____ MasterCard _____ American Express _____ Discover _____

Card Number _____ Expiration Date _____

Name as it appears on card _____

Card billing address _____

Cardholder signature _____



Conference Coordinator
The English-Speaking Union of the United States
144 East 39th Street, New York, NY, 10016
Phone: 212.818.1200 Fax: 212.867.4177 E-mail: info@esuus.org

3.25.10

