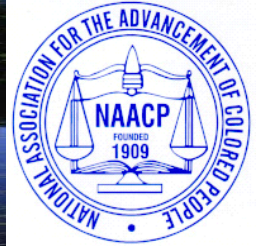


“HAVING OUR SAY”



*Welcome To
Alaska/Oregon/Washington
Spring State Conference – Bremerton, Washington
Friday, March 5, 2004 – Sunday, March 7, 2004*

ADULT REGISTRATION: \$55.00
(Saturday/Sunday Continental Breakfasts
&
Lunch With Speaker Ron Sims)

YOUTH REGISTRATION (Only): \$10.00

REGISTRATION + LUNCH: \$25.00

LODGING: \$75.00 per night
Red Lion Hotel Silverdale, Washington
800-544-9799 / Ask for NAACP Conference
Rooms are on hold until 2/13/04

BANQUET
Saturday, Night March 6, at 6:30 PM Until
Tickets **\$25.00**
Speaker/Dinner/Dance



Ron Sims

(Washington State Candidate for Governor)

*Guest Speaker – Saturday March 6
(Lunch – 12:00 PM)*

*Tickets: For Non-Registered Guest
\$25*

For more information please contact Darlene Jenkins (360) 479-1113 or Joan Ferebee (360) 377-7749

“HAVING OUR SAY”

ADULT - Branch Registration Information

Date: _____

Unit Name & Number: _____

Address: _____

City/State: _____

Telephone: _____

E-Mail: _____

FAX: _____

Branch Assessment Fee: Per normal procedure, each Branch will be assessed a Fee of **\$50.00** to offset the administrative costs of hosting the State Conference. Each Branch President/Secretary is requested to remit the fee upon arrival at the conference.

NAME		POSITION	Registration Only \$35	Registration & Meals \$55	TOTAL
	*Type				
TOTAL AMOUNT ATTACHED					

*Type: **D** – Delegate **A** – Alternate **O** – Observer

*Mandatory Training for new officers will be
Friday, 5 March, 6:00-10:00 PM*

Please register online or send your information to the host branch ASAP

NAACP Bremerton Branch
ATTN: Darlene Jenkins, Secretary
 P.O. Box 1204
 Bremerton, WA 98337
darlene.jenkins@comcast.net

“HAVING OUR SAY”

YOUTH - Branch Registration Information

Date: _____

Unit Name & Number: _____

Address: _____

City/State: _____

Telephone: _____

E-Mail: _____

FAX: _____

Branch Assessment Fee: Per normal procedure, each Branch will be assessed a Fee of **\$50.00** to offset the administrative cost of hosting the State Conference. Each Branch President/Secretary is requested to remit the fee upon arrival at the conference.

NAME		POSITION	Registration Only \$10	Registration & Meals \$25	TOTAL
	*Type				
TOTAL AMOUNT ATTACHED					

*Type: **D** – Delegate **A** – Alternate **O** – Observer

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