

NAME _____

Meal Selection

Please note: ___ **Dietary Needs** ___ **Diabetic** ___ **Vegetarian** ___ **Other**

Food Allergies: Please list. You must inquire with the hotel staff if you are uncertain about the ingredients in any meal.

Allergies: _____

Please note, with either Option 1 or 2, 2 Breakfasts Included Daily with Rooms

Option 1 – 3 Lunches, 4 Dinners (June 1 - June 4)

Total Meal Package **\$297** _____

Option 2 – Suitable for those who only want to attend certain meals, choose here:

Date	Individual Meals	Cost
June 1	Welcome Dinner (Hot Browns... a Louisville tradition)	\$40 _____
June 2	Lunch (Soup, Salad, Potato Bar)	\$35 _____
June 2	Dinner Buffet (Fried Chicken and Pulled Pork)	\$53 _____
June 3	Lunch (A Little Bit of Italy)	\$37 _____
June 3	Dinner Buffet (Roast Beef and Salmon)	\$56 _____
June 4	Lunch (Chicken Wrap)	\$24 _____
June 4	Banquet (Black and Bleu Strip Steak)	\$52 _____
	Individual Meal Total	\$ _____

Conference Meals, Fees, and Donations:

Convention Registration (\$10 per day).....\$ _____

Meals.....\$ _____

Donation to all Scholarships and Programs.....\$ _____

(Donations for our International programs and services from individuals, Circles, Unions, and Branches are greatly appreciated.)

Total Payment.....\$ _____

By April 25, please return this completed form and your check made payable to IOKDS to: IOKDS Headquarters, PO Box 1017, Chautauqua, NY 14722, Attn. Chris White