

# DELEGATE REGISTRATION/CERTIFICATION SD LWML CONVENTION

LWML Zone \_\_\_\_\_

Society \_\_\_\_\_

Society President's Signature \_\_\_\_\_

Delegate #1 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Delegate #2 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Alternate \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Return by May 1, 2010 to  
Ann Cruse  
1780 Simmons SE  
Huron, SD 57350  
Or email: [cruser@hur.midco.net](mailto:cruser@hur.midco.net)

Please contact Ann with any cha

