



**INSTRUCTIONS AND INFORMATION**

- Registration must be received by July 2, 2007, to receive the advance discount rate.
- Registration includes all workshops and workshop materials, all sessions, food functions and a dance.
- An immediate confirmation of registration will be sent to your e-mail address, if provided, or to the mailing address provided on or before July 16, 2007.

**REGISTRATION CANCELLATION POLICY**

- All registration cancellations must be made in writing to The Meeting Connection by letter, fax, or e-mail.
- Registration cancellations received by July 9, 2007, will receive a refund less a US \$25 processing fee. No refunds will be issued for registration cancellations received after July 9, 2007.
- Refunds will be issued after the close of the CKI Convention.

**REGISTRATION FEE AND PAYMENT**

Registration fee received by July 2, 2007: US \$150 \$\_\_\_\_\_

Registration fee received after July 2, 2007: US \$175 \$\_\_\_\_\_

Host Committee Volunteer fee: Pacific Northwest District only  
 Received before July 2, 2007: US \$100 \$\_\_\_\_\_

Received after July 2, 2007: US \$175 \$\_\_\_\_\_

One-Day Registration Option—includes all activities on that day only: US \$ 75 \$\_\_\_\_\_

Choose one:  Saturday  Sunday  Monday  Tuesday

American Express       Discover       MasterCard       Visa

□□□□□□□□□□□□□□□□

Card Number

□□/□□□□

(Expiration mo/yr)

□□□□

(Security code)

Name of Card Holder exactly as it appears on the card: \_\_\_\_\_

**Note:** Credit card payment will appear on your statement as a charge to The Meeting Connection.







# Circle K International Convention

## CODE OF CONDUCT

### August 4-8, 2007

The Circle K International Board of Trustees hopes that every delegate, participant, and guest will fully enjoy the 52<sup>nd</sup> Annual Circle K International Convention. The following Code of Conduct will be in effect during the Circle K International Convention, August 4-8, 2007, in Portland, Oregon.

The following is the Code of Conduct as written in the International Policy Code, Section I: Conduct, and will be in effect at all Circle K International conventions and events.

- a. No drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone in attendance.
- b. The Circle K International Sponsored Conventions and Events Alcohol Policy, prohibiting the possession, sale, and/or consumption of alcoholic beverages during any event or situation sponsored or promoted by Circle K, will be enforced at all times during the event.
- c. Sexual harassment is defined as behavior marked by aggressive or harassing remarks, unwanted physical contact or sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which is unsolicited and offensive to the individual or otherwise creates an intimidating, hostile or offensive environment. Circle K International will not tolerate sexual harassment.
- d. There is no curfew hour; however, in consideration of others, Circle K members must be in rooms, with closed doors, by 1:30 am and gatherings must be contained within the room. Loud noises and disruptive behavior will not be tolerated.
- e. No campaign material will be allowed to be posted on any walls, windows, or doors in the hotel facility. The candidate will be responsible for restoring all surfaces to their original state should this occur.
- f. Smoking is prohibited at all general sessions, contests, workshops and caucuses. Individuals who wish to smoke must do so in the designated areas as permitted by the facility.
- g. Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual responsible.
- h. All Circle K members are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
- i. Coat and tie for men and dresses, suits, skirts and blouses or other professional attire for women are required for those sessions indicated in the event program. Slacks and appropriate casual dress (excluding jeans, cut-offs and other similar apparel) is appropriate for other functions.
- j. Every attendee will respect the authority of the Director of Circle K International and the Sergeant-at-Arms Committee.
- k. Infractions of the code of conduct will be reported to the International Board of Trustees or the Director of Circle K International. Appropriate action will be taken for any infraction, including the dismissal of any attendee from the event at the expense of the individual.
- l. The code of conduct is in effect from the moment an attendee arrives at the event until the moment he or she departs.

*I agree to abide by the Circle K International Convention Code of Conduct. I will respect the authority of the Sergeant-at-Arms Committee and understand infractions of the Convention Code of Conduct will be reported by the Committee to the International Board of Trustees and the Director of Circle K International. I understand that appropriate action will be taken for any infractions, including dismissal from the convention at my expense.*

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Printed Name

Signature

Date

## Circle K International MEDICAL INFORMATION FORM

Please type or print. A completed medical information form is required for all participants attending the Circle K International Convention and is to be turned in at the Convention Registration Desk. Please keep one copy of this form with you at all times during the convention.

Registrant's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

Country \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Circle K Club \_\_\_\_\_ District \_\_\_\_\_

Person to be contacted in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Alternate Contact \_\_\_\_\_ (\_\_\_\_)  
(Name) (Relationship) (Phone)

Name of Doctor \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Name of Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

List any other pertinent information as shown on insurance card \_\_\_\_\_

List any medication you will be taking during the convention \_\_\_\_\_

**Please answer yes or no to the following items:**

1. Have you ever been treated for: (If currently being treated, please indicate)

- |                                  |   |
|----------------------------------|---|
| A. Nervousness _____             | H. High Blood Pressure _____              |
| B. Any Mental Disorder _____     | I. Severe or Frequent Headaches _____     |
| C. Convulsions or Epilepsy _____ | J. Asthma _____                           |
| D. Fainting Spells _____         | K. Ulcers _____                           |
| E. Heart Condition _____         | L. Diabetes _____                         |
| F. Rheumatic Fever _____         | M. Allergic Reaction to Medication _____  |
| G. Cancer or Tumor _____         | N. Any Other Allergies or Illnesses _____ |

2. Do you have any other physical limitations? \_\_\_\_\_

Give details of yes answers to any of the questions above. Give dates of treatment and names and addresses of attending physicians, hospitals, and clinics. *(Use reverse side if necessary.)*

**PLEASE READ CAREFULLY:** I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) designated above. In the event that the aforementioned contact person(s) cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia, or surgery.

Signature \_\_\_\_\_

Date \_\_\_\_\_