

2025 ANNUAL DR. G. WESLEY ALLEN
COUNCIL OF DELIBERATION
AND ANNIE P. ROGERS STATE
GRAND ASSEMBLY
www.nccodpha.org

ADVANCE REGISTRATION FORM

Name: _____

Consistory / Assembly Name / No. _____

E-Mail Address _____

Additional Tickets:

(Registration Includes 1 banquet ticket)

Additional Banquet (\$50.00): _____

Joint Luncheon - Saturday (\$30.00): _____

C-I-C Breakfast - Saturday: (No Cost)

Total Additional Tickets: _____

Total Amount Submitted:

\$ _____

ADVANCE REGISTRATION FORM
ANNUAL DR. G. WESLEY ALLEN COUNCIL OF DELIBERATION
AND ANNIE P. ROGERS STATE GRAND ASSEMBLY
www.nccodpha.org

"COMMITMENT TO SERVICE"

April 3-6, 2025

Embassy Suites Raleigh-Durham, Cary, North Carolina



Date: _____

Name: _____

Address: _____

City/State: _____

E-Mail: _____

Consistory / Assembly: _____

Location of Consistory / Assembly: _____

Title:

- Deputy S.G.I.G. 33^o G.I.G. 33^o SP 32^o
 SGLL Ruler PSGLLR LL Ruler Loyal Lady

Note: THIS FORM AND \$150.00 MUST BE SENT NO LATER THAN MARCH 3, 2025

MAKE CHECKS AND MONEY ORDERS PAYABLE TO DR. G. WESLEY ALLEN COUNCIL OF
DELIBERATION AND MAIL TO:

Dr. G. Wesley Allen Council of Deliberation
Post Office Box 61319
Durham, North Carolina 27715

There Will Be No Refunds For This COD / SGA Session.

UPON RECEIPT OF YOUR \$150.00 REGISTRATION FEE, AN E-MAIL RECEIPT WILL BE SENT TO YOU

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