

*You are cordially invited to the
Annual Meetings of Your
Dairy Queen Operators' Association and Cooperative*



*Please join us
January 12, 2010
Paris Las Vegas
Las Vegas, Nevada*



Schedule

*Sunday, January 10
Arrivals*

Monday, January 11

Registration 4:00pm-5:30pm

Welcome Reception 5:30pm-7:00pm

Tuesday, January 12

Welcome Program 9:00am

DQOA Annual Meeting

DQOC Annual Meeting

Luncheon to follow

Depart

Registration

Includes Welcome Reception and Luncheon

Members \$25.00

Non-members \$50.00

Hotel Accommodations

*Paris Las Vegas
3655 Las Vegas Blvd. South
Las Vegas, Nevada*

*\$79.00/night plus tax, single/double
Reservations: (877) 796-2096*

*Identify the
Dairy Queen Operators' Association
to get the group rate.*

*Deposit for the first night's
room and tax are required,
Non-refundable if not cancelled
at least 72 hours before arrival date.*

Registration Form for DQOA 2010 Annual Meeting

Name _____ Date _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

IDQ Store #(s) _____ Fax # _____

US DQOA Member #(s) _____ Email _____

If you are not staying at the Paris Las Vegas, please indicate hotel and local phone number where you can be reached.

	List all persons attending the Annual Meeting and complete the requested information	Is attendee US DQ owner, family member, manager, staff	Nick Name (for Name Badge)	If under 16 indicate age
1				
2				
3				
4				

(See Reverse)

Registration Fee

	Received by Dec. 10	Received after Dec. 10
Member	\$25.00	\$50.00
Non-member	\$50.00	\$50.00
Child (3-10 yrs)	\$15.00	\$15.00

DQOA – Convention Desk
1719 Lake Drive West
Chanhassen, MN 55317

Phone: (952) 556-5511
Fax: (952) 556-5522

Do NOT fax or mail registrations after Dec. 10, 2009.
Call to confirm availability.

_____ Full Adult Registration Package(s) @ _____ each = \$ _____

_____ Full Child Registration Package(s) @ _____ each = \$ _____

Total Due \$ _____

Method of Payment: Check (Payable to DQOA Convention Fund due in US Dollars.)

Visa MasterCard Exp. Date: _____ Account # _____

Print name on credit card

Cardholder's Signature