

**COUNCIL OF COOPERATIVES  
TENNESSEE YOUNG LEADERS CONFERENCE  
DRURY PLAZA HOTEL-FRANKLIN, TENNESSEE  
FEBRUARY 22-23, 2013**

**Delegate**  
Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_

Children (if attending) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name of your local news paper: \_\_\_\_\_

What is your primary occupation? \_\_\_\_\_

What is your spouses' occupation? \_\_\_\_\_

**I need hotel reservations for:**

**Friday, February 22 \_\_\_\_\_ Saturday, February 23 \_\_\_\_\_**

**Type of Room: King Bed \_\_\_ , or 2 Beds \_\_\_ , Non Smoking \_\_\_ , or Smoking \_\_\_\_\_**

All meals are sponsored by the sponsoring cooperatives and organizations. We must have an accurate account for each meal.

**(Please mark the number attending):**

Friday Afternoon Tour: # \_\_\_\_\_

Friday Night's Dinner: # \_\_\_\_\_ #3 yrs. & under \_\_\_\_\_

Saturday Breakfast # \_\_\_\_\_ # 3 yrs. & under \_\_\_\_\_

Saturday Lunch # \_\_\_\_\_ #3 yrs & under \_\_\_\_\_

Saturday Night's Dinner # \_\_\_\_\_ # 3 yrs. & under \_\_\_\_\_

I will need childcare services for \_\_\_\_\_ (# - number) children.

**Please return completed form by Monday, January 21, 2013**

**Mail, fax or e-mail to: Roberta Smith  
TCC Administrative Secretary  
PO Box 609  
Pikeville, TN 37367  
Office: 423.447.1222  
Fax: 423.447.6853  
smithr@bledsoe.net**

**SPONSORING COOPERATIVE:** \_\_\_\_\_

**DRURY PLAZA HOTEL 615-771-6778 Group #2159443  
1874 WEST McEWEN DRIVE  
FRANKLIN, TN 37067**