

**TENNESSEE COUNCIL OF COOPERATIVES REGISTRATION  
 TENNESSEE YOUNG LEADERS CONFERENCE  
 DRURY PLAZA HOTEL - FRANKLIN, TENNESSEE  
 FEBRUARY 24-25, 2017**

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 newspaper: \_\_\_\_\_

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

What is your spouse's primary occupation? \_\_\_\_\_

**I need hotel reservations for:**

**Friday, February 24       Saturday, February 25**

**Type of Room: King       2 beds       Non-Smoking       Smoking**

All meals are sponsored by the sponsoring cooperatives and organizations. We must have an accurate account for the meals. **(Please mark the number attending: Adult & Children)**

Friday Afternoon Tour _____ (adults)	Age 4 -12 _____	3 years & under _____
Friday Night's Dinner _____ (adults)	Age 4-12 _____	3 years & under _____
Saturday Breakfast _____ (adults)	Age 4-12 _____	3 years & under _____
Saturday Lunch _____ (adults)	Age 4-12 _____	3 years & under _____
Saturday Night's Dinner _____ (adults)	Age 4-12 _____	3 years & under _____

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

Sponsoring Cooperative: \_\_\_\_\_

**Please return completed form by Friday, January 20, 2017.**

**Mail, fax or e-mail to:      Roberta Smith  
    Bledsoe Telephone Cooperative  
    PO Box 609  
    Pikeville, TN 37367  
    E-mail: [smifhr@bledsoe.net](mailto:smifhr@bledsoe.net)  
    Fax: 423-447-6853**

For additional information, or if you have questions, call Roberta at 423-447-2121.