2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE

Noble DeAndre’ “Rudi” Rudolph, #24
Gala Day Recorder for the Desert of NJ A.E.A.O.N.M.S.
P.O. Box 20458
Newark, New Jersey 07101
ddrudi@gmail.com
908-764-5611

Noble Jeffery M. Perry, #120
Gala Day Treasurer for the Desert of NJ A.E.A.O.N.M.S
47 Bailey Avenue
Burlington, NJ
Jmp859@verizon.net
609-658-6958

“Team Unity”
Noble Allen L. Hargrove, Sr., Past Potentate #24
Imperial Deputy of the Desert of New Jersey
16 Meadowbrook Place
Maplewood NJ
973-641-6018
hargrove24@msn.com

September 27, 2017

PROCLAMATION
2018 Northeast Regional Gala Day and Desert Conference

Greetings,

By, the prerogative of this office and in conformity with the Constitution and General Laws governing the Desert of New Jersey and by sanction of the Ancient Egyptian Arabic Order Nobles Mystic Shrine of North and South America and its Jurisdictions, Inc. Noble Carl D. Parker, the 42nd Imperial Potentate.

I, Allen L. Hargrove, Sr. the Imperial Deputy of the Desert of New Jersey, do hereby call all Elected Imperial Council and Court Officers, Illustrious Potentates, Chief and Assistant Rabbans, Illustrious Commandresses, 1st and 2nd Lieutenant Commandresses, Deputies of and for the Oases, Appointed Imperial Council and Court Officers, Desert Officers, Honorary Members, Temples, Courts, Nobles and Daughters wherever dispersed throughout the Deserts of:

Connecticut
Massachusetts and Rhode Island
New Jersey
New York and Canada
Pennsylvania

That our 4th Annual Northeast Regional Gala Day and Desert Conference will convene in Parsippany, New Jersey on Thursday, April, 12th thru Sunday, April 15th, 2018.

The Chairman of the 2018 Northeast Regional Gala Day and Desert Conference is Noble Larry D. Cotton, Honorary Past Imperial Potentate #120 he can be reached at 609-510-9488 or via trueshriner365@gmail.com. The Co-Chairman of the 2018 Northeast Regional Gala Day and Desert Conference is Noble David B. Lewis Past Potentate, #120 he can be reached at 609-306-5360 or via dblguard@aol.com

This proclamation and all forms attached will be available on the Desert of New Jersey’s website at www.desertnj.org.
REGISTRATION:

The registration will be the same for all Nobles, Daughters and Associates. Advance Registration is $150.00 (one hundred and fifty dollars). On-site and Late Registration is $175.00 (one hundred seventy five dollars). **The Registration Fee Covers both the 2018 Northeast Regional Gala Day and the Desert Conferences**

All Temples and Courts are requested to pre-register their Nobles and Daughters using the attached registration forms and mail a Temple or Court check or money order to:

Noble George Marshall, Past Potentate #24  
Registration Committee Chairman  
415 Carlton Avenue  
Piscataway, NJ 08854  
(732) 266-5187  
gmarshall415@optonline.net

Checks are to be made payable to the Desert of New Jersey. **There will be a fee of $25.00 assessed for all returned checks.**

**The cut-off date for Advance Registration is, April 2, 2018.**

The three (3) Principal Officers from each Temple and Court must register whether they attend or not. Also, all of the appointed Imperial Officers in each Temple and Court are being requested to register whether they attend or not. In addition, all Nobles and Daughters of each Temple or Court are being encouraged to please pre-register and attend the 2018 Northeast Regional Gala Day and Desert Conference.

In the event that a Noble or Daughter registers in advance and cannot attend, the Imperial Deputy of the Desert, Allen L. Hargrove or Imperial Deputy for the Desert HPC Brenda Fitzgerald must be **NOTIFIED 72 HOURS IN ADVANCE of the Gala Day/Desert Conference.** This policy is necessary to ensure that we order the correct number of meals. Exceptions will be made for **EMERGENCIES ONLY.**

We are requesting that all Nobles, Daughters and Associates please use the Registration Form enclosed in this proclamation package. **No telephone calls or emails will be accepted for advance registration.** Please feel free to make as many copies of the registration form as needed for your Temple, Court and Youth Group. The Registration Form is to be used by all Nobles, Daughters, Youth Groups and Associates who will be attending the 2018 Northeast Regional Gala Day and Desert Conference.

**HOTEL ACCOMMODATIONS:**

**HOST HOTEL**  
THE HILTON  
1 Hilton Court  
Parsippany, NJ 07054  
973-267-7373

To reserve your room please call the hotel directly, and inform them know that you are booking your room under the Desert of New Jersey Gala Day. Room rates are $124.00 (plus tax). **The deadline for room reservations is March 22, 2018.** Also, please note that there will be a one night’s nonrefundable charge on all room reservations.
SOUVENIR JOURNAL:

All Temples, Courts and Appointed Imperial Officers are urged to support this effort with a purchase of a full page ad. The prices for ads are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Inside Cover</td>
<td>$155.00</td>
</tr>
<tr>
<td>Back Outside Cover</td>
<td>SOLD</td>
</tr>
<tr>
<td>Back Inside Cover</td>
<td>$155.00</td>
</tr>
<tr>
<td>Gold Page</td>
<td>$150.00</td>
</tr>
<tr>
<td>Full Page</td>
<td>$50.00</td>
</tr>
<tr>
<td>Half Page</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

Checks or Money Orders are to be made payable to the Desert of New Jersey. The Deadline for all ads is April 2, 2018.

**NO ADS WILL BE PRINTED WITHOUT PAYMENT!!!**

Please make checks or money orders payable to the Desert of New Jersey and send to:

Daughter Delores Sweat, Past Commandress #118  
Souvenir Journal Chairperson  
647 Rutherford Ave  
Trenton, NJ 08618  
609-502-3707  
Dsweat1007@msn.com

TOWN HALL MEETING

The date and time will be determined at the request of the Imperial Potentate

DRESS CODE FOR GALA DAY AND DESERT CONFERENCE

1. Nobles shall be regaled and in business attire for the opening, meetings and Memorial Service
2. Daughters shall be regaled and in short white dresses for all meetings and the Memorial Service
3. Shrine walking suits, jumpsuits, jackets, sweat/Tee-shirts may be worn as casual wear for the other activities.
4. Nobles and Daughters should use good judgement and wear attire appropriate for the occasion and events.

   The Fez and collar will not be worn with T-shirts, shorts, cutoffs or other inappropriate dress.

DESERT FUNDRAISER

The Desert of New Jersey will be hosting a Raffle to assist us in raising funds in an effort to continue to make monetary donations to other organizations in the Desert of New Jersey. The prizes of the raffle are as follows:

**FIRST PRIZE**
Male or Female Fur Coat  
Compliments of Antonovich Furs
SECOND PRIZE
One round Trip Ticket to the 2018 Imperial Session
New Orleans, LA

THIRD PRIZE
One Week Caribbean Vacation (Hotel Only)

FOURTH PRIZE
Grab Bag of Gift Cards

DONATION: $5.00

DRAWING: SATURDAY, APRIL 14, 2018
WINNER NEED NOT BE PRESENT

If you would like to purchase tickets for the raffle. Please contact

Daughter Denise Washington, #135
Fundraising Committee Chairperson
824 Wick Boulevard
Woodbury, NJ 08096
856-693-3913
msniecee48@aol.com

DESERT SHIRTS

Desert Shirts will be available for purchase to represent your Desert. This year the shirt will a breathable unisex polo shirt. Each Desert will have their assigned color as in 2016. The cost of the shirt will be:

- $70.00 (seventy dollars) for small, medium, large and extra large
- $72 (seventy two dollars) for XXL
- $73.00 (seventy three dollars) for XXXL
- $74.00 (seventy four dollars) for XXXXL
- $75.00 (seventy five dollars for XXXXXL
- $76.00 (seventy six dollars) for XXXXXXL

To order your Desert Shirt please contact:

Daughter Evette Davis, Past Commandress #135
Desert Shirt Committee Chairperson
4 Wright Avenue
Pine Hill, NJ 08021
856-357-4330
Evda2010@yahoo.com

The Imperial Council and Desert workshops will be listed on the Agenda.

Fraternally,

Allen L. Hargrove
Allen L. Hargrove, #24
Imperial Deputy of the Desert of New Jersey
Cc: Noble Carl D. Parker, 42nd Imperial Potentate of the A.E.A.O.M.N.S, Inc.
Daughter Josephine Stokes-Wheat, Imperial Commandress, Auxiliary to the A.E.A.O.M.N.S, Inc.
Daughter Brenda Fitzgerald, HPC, Imperial Deputy for the Desert of New Jersey
John T. Chapman, Imperial Chief Rabban, A.E.A.O.M.N.S, Inc.
Gary Sylvester, Imperial 2nd Ceremonial Master A.E.A.O.M.N.S, Inc.

Imperial Deputies of the Deserts of the Northeast Region
Imperial Deputies for the Deserts of the Northeast Region
Appointed Imperial Officers of the Northeast Region
Desert Divan Officers of the Northeast Region
Imperial Deputies of the Oases of the Northeast Region
Imperial Deputies for the Oases of the Northeast Region
Illustrious Potentates of the Temples of the Northeast Region
Illustrious Commandresses of the Courts of the Northeast Region
Temple Recordlers of the Northeast Region
Court Recordresses of the Northeast Region
Desert of New Jersey, Webmaster
Joint Memorial Service Information Form

Illustrious Potentates and Illustrious Commandresses

The Joint Memorial Service Committee is requesting from each Temple and Court the names of all of the Nobles and Daughters who expired between July 1, 2017 through April 1, 2018. The Memorial Service Committee will provide a fitting tribute to those Nobles and Daughters who have crossed into the Land of No Return and Eternal Rest.

List the requested information as outlined below. Please print clearly or type.

<table>
<thead>
<tr>
<th>Name of Temple/Court</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>MI</td>
</tr>
<tr>
<td>____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>____________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

We are requesting that this Joint Memorial Service Information Report Form be returned to your Deputy of the Desert or Deputy for the Desert no later than April 2, 2018.

Each Deputy of and for the Desert is responsible for submitting this information to the 2018 Northeast Regional Gala Day and desert Conference Recorder no later than April 2, 2018.
REGISTRATION INFORMATION
Advance Registration is $150.00
On-site and Late Registration $175.00

Please mail complete Registration Form below With Required Fees to:

Past Potentate George Marshall, #24
Registration Chairman
415 Carlton Avenue
Piscataway, NJ 08854
(732) 266-5187
gmarshall415@optonline.net

### TEMPLE AND COURT PRINCIPAL OFFICERS

<table>
<thead>
<tr>
<th>OFFICERS</th>
<th>NAME</th>
<th>AMT. DUE</th>
<th>AMT. PD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Illustrious Potentate/</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illustrious Commandress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Chief Rabban/1st Lieutenant</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Assistant Rabban/2nd</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lieutenant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Treasurer</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Recorder/Recordess</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>High Priest and Prophet/High</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priestess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Oriental Guide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td>$150.00</td>
</tr>
</tbody>
</table>

### APPOINTED IMPERIAL OFFICERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>OFFICE</th>
<th>AMT. DUE</th>
<th>AMT. PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE
REGISTRATION INFORMATION 2018
Advance Registration is $150.00
On-site and Late Registration $175.00

Please mail complete Registration Form below With Required Fees to
Past Potentate George Marshall, #24, Registration Chairman
415 Carlton Avenue
Piscataway, NJ 08854
(732) 266-5187
gmarshall415@optonline.net

<table>
<thead>
<tr>
<th>TEMPLE/COURT</th>
<th>NO.</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>AMT DUE</th>
<th>AMT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL
4th ANNUAL NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE

ASSOCIATES
REGISTRATION FORM

REGISTRATION INFORMATION 2018
Advance Registration is $150.00
On-site and Late Registration $175.00

Please mail complete Registration Form below With Required Fees to
Past Potentate George Marshall, #24, Registration Chairman
415 Carlton Avenue
Piscataway, NJ 08854
(732) 266-5187
gmarshall415@optonline.net

<table>
<thead>
<tr>
<th>TEMPLE / COURT</th>
<th>NO.</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>AMT DUE</th>
<th>AMT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE
REGISTRATION

- Temples and Courts are requested to pre-register their Nobles and Daughters using the enclosed Registration Form;

- The cost of registration is the same for Nobles, Daughters and Associates.
  - Advance Registration is $150.00
  - On-site and Late Registration is $175.00

- The cut-off date for Advance Registration is April 2, 2018. **(NO EXCEPTIONS)**

- All payments must be made payable to “The Desert of New Jersey” via Temple or Court Check, Money Order or through the Desert of New Jersey’s PayPal account

- Payment must be sent to:

  Past Potentate George Marshall, #24  
  Registration Chairman  
  415 Carlton Avenue  
  Piscataway, NJ 08854  
  (732) 266-5187  
  gmarshall415@optonline.net

**There will be a fee of $25.00 assessed for all returned checks**
YOUTH AND YOUTH GROUPS
REGISTRATION FORM

REGISTRATION INFORMATION

Advance Registration is $75.00

1. Please mail the following forms to your Desert Youth Directors

   a. EMERGENCY MEDICAL FORM
   b. MEDICAL HISTORY FORM
   c. AUTHORIZATION FORM

2. Please mail completed Registration Form with the required fees to:

   Past Potentate George Marshall, #24
   Registration Chairman
   415 Carlton Avenue
   Piscataway, NJ 08854
   (732) 266-5187
   gmarshall415@optonline.net
Emergency Form

Date Completed: ______________________
Name: ___________________________ _____________________ Birth date: ___/___/____
Address: ______________________________________________________________________
City: __________________________________________ State/Zip:_____________________________
Home Phone: _____________________________ Mobile Phone:______________________________
Social Security Number: ______ - ______ - ______
Driver's License/ State ID #:____________________________
Hair Color: _________________ Eye Color: ___________ Height: __________ Weight: __________

Emergency Contact Information
Name:_____________________________ Relationship: ____________________________
Mailing Address:_________________________________________________________________
Home Phone: _____________________________ MobilePhone:____________________________
Name:_____________________________ Relationship: ____________________________
Mailing Address:_________________________________________________________________
Home Phone: _____________________________ Mobile Phone:____________________________

Insurance Information
Primary Carrier
Insurance Carrier: ___________________________ Policy Holder's Name:______________________
Policy Number: ____________________________ Group Number: ____________________________
Phone Number: __________________________ Pre-Certification Phone:______________________
Secondary Carrier (Medicaid, Medicare, etc.)
Insurance Carrier: ___________________________
Policy Holder's Name:________________________ Policy Number:_________________________
Group Number: ____________________________
Phone Number: __________________________

2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE
Medical Information Form

Primary Care Doctor: _______________________________
City/State: _______________________________
Telephone Number: ______________________________
Emergency Service: ______________________________
Specialty Doctor: ______________________________
City/State: ______________________________
Telephone Number: ______________________________
Emergency Service: ______________________________
If necessary, transport me to the following hospital:

______________________________

Pacemaker: _____ Yes _____ No Eyeglasses: _____ Yes __No Contact Lens: _____ Yes ______
No
False Teeth: _____ Yes ______

Medical Allergies
Allergic To: __________________________ Reaction: ________________________________
Allergic To: __________________________ Reaction: ________________________________
Allergic To: __________________________ Reaction: ________________________________
Allergic To: __________________________ Reaction: ________________________________

Current Prescription Medications
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Chronic Medical Conditions (Diabetic I or II, Emphysema, Congestive Heart Failure, etc.)
Condition: _______________________________ Diagnosed: _______________________________
Specialist: _______________________________
Condition: _______________________________ Diagnosed: _______________________________
Specialist: _______________________________
Condition: _______________________________ Diagnosed: _______________________________
Specialist: _______________________________

Medical Conditions (Anemia, High Blood Pressure, Hearing Loss, Blind, etc.)
Condition: _______________________________ Diagnosed: _______________________________
Specialist: _______________________________
Medical Information Form
(continued)

Condition: ____________________________________________ Diagnosed: ____________________________
Specialist: ____________________________________________
Condition: ____________________________________________ Diagnosed: ____________________________
Specialist: ____________________________________________

Current Vaccinations (Please enter the year of last vaccination)
_____ Tetanus/diphtheria
_____ Pneumococcal vaccine
_____ Flu vaccine
_____ Measles, mumps, rubella
_____ Polio
_____ Varicella (chickenpox)
_____ Hepatitis A
_____ Hepatitis B

Special Instructions:
(For example: When excited - seizure prone; swallowing difficulties; tends to hyperventilate, etc.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Living Will: ____ Yes ____ No Do Not Resuscitate: ____ Yes ____ No Organ Donor ____ Yes ____ No
Medical Power of Attorney:
Person Designated: _________________________________ Telephone Number:
_______________________________________________

Mailing Address: _________________________________ Mobile Number:
_______________________________________________

PLEASE FILL OUT IF THIS PERSON IS UNDER AGE 18
I certify that this form is for my child, under age 18.
_____ Yes, I grant permission to treat my child in an emergency
_____ No, contact me prior to treating my child
Parent Name: ____________________________________
Emergency Telephone Number: _______________________

Signature: __________________________________________
Full Name of Child/Participant (First/Middle Last) ________________________________________________________________

Date of Birth _____/_____/______ Gender _______ Age _______

Home Address ______________________________________________________________________________________________

City______________________________________________________ State ___________________

Zip__________________

Grade in School _________________ School ________________________________

Home Phone #: _____________________________ Alternate Phone #: __________________

Health Issues/Allergies/Activity Restrictions/Medications

_____________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Required Emergency Medical Information

Health Insurance ( ) Yes ( ) No Company _______________________________ Policy #__________________

Primary Insured

Family Physician ____________________________________Office Phone # __________________

Parent Information

Name of Parent(s) /Legal Guardian:

_____________________________________________________________________________________

Address (if other than Participant)

_____________________________________________________________________________________

City______________________________________________________ State ___________________

Zip__________________

Home Phone # ( ) _____________________________ Alternate Phone # ( ) __________________

Email Address _____________
PERMISSION FOR PARTICIPATION IN THE 2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE EVENT ACTIVITIES AND RELEASE OF LIABILITY

I, the undersigned, certify that I am the parent or legal guardian of the above mentioned Participant. I hereby authorize my minor child named above to attend and participate in the 2018 Northeast Regional Gala Day and Desert Conference activities, including any off-site activities for which I have registered him/her. I understand that my minor child must obey all established rules and follow the instructions of the person in charge of the 2018 Northeast Regional Gala Day and Desert Conference activities. I consent to and understand that the person in charge of the 2018 Northeast Regional Gala Day and Desert Conference activities or agents have the right to dismiss my child who is in their opinion a hazard to the safety and well-being of others, I understand that if my child is sent home under such circumstances I will be responsible for all associated costs incurred, including the cost of special travel arrangements.

Prior to the participation of my minor child, I acknowledge that there are certain risks associated with certain 2018 Northeast Regional Gala Day and Desert Conference activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. Furthermore, In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Accordingly, I acknowledge that participation in such activities involves certain dangers and risks which may expose my child to hazards of bodily injury or property damage, and which may result in my child being unable to contact me or be unable to receive immediate medical care and assistance if injury occurs.

By signing this parental consent and liability form, I expressly warrant that my child named above is capable of withstanding both the physical and mental demands associated with any 2018 Northeast Regional Gala Day and Desert Conference activities for which he/she is registered. I also expressly assume all risks to my child’s participation in these 2018 Northeast Regional Gala Day and Desert Conference activities, whether such risks are known or unknown to me at this time. In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate in and benefit from the 2018 Northeast Regional Gala Day and Desert Conference activities, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of or claims against, 2018 Northeast Regional Gala Day and Desert Conference, its officers, board members, agents, faculty, employees, and all private persons or organizations Volunteering services without charge to transport, supervise, or chaperone my child while participating in such 2018 Northeast Regional Gala Day and Desert Conference activities including, but not limited to any or all liabilities or claims for personal injury, property damage, court costs, attorneys’ fees and interest, however, caused or accrued, as a result of my child participating in the 2018 Northeast Regional Gala Day and Desert Conference activities sponsored event.

MEDIA RELEASE

I hereby give 2018 Northeast Regional Gala Day and Desert Conference Committee and their legal representatives and assigns, the right and permission to photograph, digitally record, videotape, or audio tape, my above named child while s/he is attending participating in any 2018 Northeast Regional Gala Day and Desert Conference activities occurring during the 2018 Northeast Regional Gala Day and Desert Conference activities. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all such recordings, in whatever medium, shall remain the property of 2018 Northeast Regional Gala Day and Desert Conference Committee.
MEDICAL AUTHORIZATION / CONSENT FOR MEDICAL TREATMENT OF A MINOR

I recognize that there may be occasions where the minor child named above, may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Therefore, I authorize any 2018 Northeast Regional Gala Day and Desert Conference Committee Member, or Adult Volunteer, in whose care the minor child has been entrusted, to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the provisions of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

As parent or legal guardian of my minor child (Participant named above), I am responsible for the health care decisions of my minor child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for dental, medical, and/or hospital care or treatment to be rendered to my minor child is legally sufficient and that no consent from any other person is required.

By signing below I authorize any 2018 Northeast Regional Gala Day and Desert Conference Committee Member or Adult Volunteer, in whose care the minor child has been entrusted to authorize any hospital or physician or other health care provider to bill the following insurance company or companies for the payment of any services rendered to the minor child. I agree to assume responsibility for the charges for such care as rendered to the above named minor child.

I authorize any hospital, physician, or other health care provider to release information from the minor child's medical record to the insurance company named below, in connection with the completion of any insurance claim form.

I have read, understood and agreed to the information above. All releases, authorizations and permission granted above shall remain in effect unless revoked in writing by the undersigned to 2018 Northeast Regional Gala Day and Desert Conference Committee.

________________________________________ ______/______/______
Signature of Parent or Legal Guardian

2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE
Hotel Reservation Details

HOST HOTEL
THE HILTON
1 Hilton Court
Parsippany, NJ 07054
973-267-7373

- Room Rate $124.00 for Single or Double room + tax with free parking
- Identify yourself as a member of the 2018 Northeast Regional Gala Day and Desert Conference
- **Absolute cut-off date for guaranteed reservation is March 22, 2018**
- Your credit card will be charged for one night’s stay when you reserve your room. **THERE WILL NOT BE ANY REFUNDS**
- Check-in time is 3:00 PM
**SOUVENIR JOURNAL ADVERTISEMENT FORM**

Name of Organization

Address

City  State  Zip Code

Contact Person

**AD REQUESTED (Check One)**

<table>
<thead>
<tr>
<th></th>
<th>Outside Back Cover</th>
<th>Inside Front Cover</th>
<th>Gold Page</th>
<th>Inside Back Cover</th>
<th>Full Page</th>
<th>Half Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$160.00</td>
<td>$155.00</td>
<td>$150.00</td>
<td>$155.00</td>
<td>$70.00</td>
<td>$60.00</td>
</tr>
</tbody>
</table>

Guidelines for submitting ads

1. Ads requiring photo(s) must be of good quality and submitted with ads. If you would like to have your photo returned to you, submit a self-addressed stamped envelope with your ad.
2. Ads should be submitted electronically to dsweat1007@msn.com
3. All ads must be in MS Word format, or as a PDF format. Emailed ads should include subject line “2018 Northeast Regional Gala Day and Desert Conference Ad”.
4. Ensure that your ad has the correct spelling of names, official titles, etc. **No corrections will be made to your ad copy.**
5. Make checks or money orders payable to “Desert of New Jersey”

**Note: Please Mail a copy of all ads with payment to:**

Daughter Delores Sweat, Past Commandress #118
Souvenir Journal Chairperson
647 Rutherford Ave
Trenton, NJ 08618
609-502-3707
Dsweat1007@msn.com

**DEADLINE FOR ADS & PAYMENT FOR ADS APRIL 2, 2018 (NO EXCEPTIONS).**

**PAYMENT IS DUE WITH AD SUBMISSION**

Ads will not be included in the souvenir journal without payment

**2018 NORTHEAST REGIONAL GALA DAY AND DESERT CONFERENCE**
FIRST AID

• Station will be equipped with cold water; cooling fans; cool towels, assorted first aid kit, cell phone, and emergency dispatch radio

• Station will provide medical services as needed during the entire session including off-site locations
  o Minor Injury Care
  o Emergency transport will be handled by arriving EMS units.

Hospital

SAINT BARNABAS MEDICAL CENTER:
973-322-5000,
94 Old Short Hills Road,
Livingston, NJ 07039

Dialysis Patients

Reminders
  • Bring and take all prescription medications
  • Stay hydrated

Noble Dr. Kenneth Walton, Past Potentate, Chairperson
Noble Dr. Sultan Newsome, Co-Chairperson
Daughter Merelyn Daniel, Co-Chairperson
Daughter Debra Mallory, Co-Chairperson

If you have any special medical needs please contact

Noble Dr. Kenneth Walton, Past Potentate #24
Medical Department Chairman
732-266-2597
kwalton@its.jnj.com

ALL PERSONAL MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL

*****Please fill out the attached Emergency Contact and Medical Forms and submit them to the Medical Department Staff*****
NORTHEAST COAST REGIONAL GALA DAY AND DESERT CONFERENCE HOSPITALITIES

Wednesday Night, April 11th
MEET AND GREET
Attire: Casual
Time: 8:00 pm

Thursday Night, April 12th
DESERT OF NEW JERSEY WELCOME PARTY
Attire: Casual
Time: 9:00 pm-Until

Friday Night, April 13th
ROCK YOUR TEAM JERSEY PARTY
Attire: Any Sports Team Jersey (optional)
Time: 10:00 pm-Until
Hospitality will follow

Saturday, Night, April 14th
DEPUTIES DANCE (RELAXO)
Attire: Casual
Time: 9:00 pm-Until
Desert Hospitalities will follow

Sunday, April 15th
DESERT OF NEW JERSEY FAREWELL COOKOUT AND CIGAR PARTY
Attire: Casual
Time: 12:00 pm