

February 1, 2019

Dear Brother Knights

The 2019 Knights of Columbus Supreme Convention is in Minneapolis, MN, Aug. 5-8, 2019. The convention concludes at Noon Thurs., Aug 9. This year we will send six (6) delegates to Minneapolis. It is truly an experience of a lifetime. You should plan to arrive Monday, August 5th, and may depart Thursday afternoon. Now is the time to start considering if you wish to attend this convention as a Nebraska delegate. Here are some mandatory items about the convention.

You will have to pay all expenses such as travel, hotels, and meals yourself. You will receive a reimbursement check at noon Thursday. The State Council cannot help you financially.

- You must have a credit card.
- You will need a white dinner jacket (most rent one).
- You must attend the states dinner on Tuesday evening, the delegate's dinner is deducted from your reimbursement check and you must pay for your spouse when completing your registration.
- You must attend all business meetings.
- You must stay in the convention hotel.
- The State Council will host a Nebraska delegation dinner on Wednesday evening with the Nebraska bishops in attendance. The State Council pays for this meal.
- You must be a 3rd Degree member and in possession of a current membership card.

Delegates are reimbursed at the rate of \$400 per diem for lodging and meals and paid \$.30 per mile for the first 1,500 miles and \$.20 per mile over 1,500 miles.

If you wish to run to be a delegate, you will need to complete the enclosed background information form and bring it with you to the convention. Your background sheet must be turned in by the end of the business meeting on Saturday. Nominations for delegates will close at the end of the Saturday business meeting.

LOUIS GASPER
State Deputy

Enclosed: Background Form

**NATIONAL CONVENTION
BACKGROUND INFORMATION
MINNEAPOLIS, MINNESOTA
AUGUST 5-8, 2019**

FULL NAME: _____

COUNCIL #: _____

ADDRESS: _____

PREFERRED PHONE: _____

CELL PHONE: _____

EMAIL: _____

MEMBERSHIP NUMBER: _____

DATE OF BIRTH: _____

INSURANCE MEMBER: _____

ASSOCIATE MEMBER: _____

SPOUSE'S NAME _____

NAME OF NOMINATOR: _____