

CALIFORNIA FEDERATION BUSINESS & PROFESSIONAL WOMEN REGISTRATION & CALL to 95th ANNUAL CONFERENCE

May 15-17, 2015 – Best Western Sutter House/Blue Prynt Restaurant-Sacramento

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION – Thank You

Name: _____ Club: _____

Address: _____ District: _____

City: _____ Zip: _____

Home Phone: _____/_____/_____ Cell or Work Phone: _____/_____/_____

Email: _____

Conference/Board Role (select one only):

| | | |
|------------------------------------|--------------------------------|-----------------|
| _____ State Officer | _____ State Special Chair | |
| _____ Past State President | _____ Club President/Alternate | |
| _____ District President/Alternate | _____ District Representative | _____ 1st Timer |
| _____ State Standing Chair | _____ Member | _____ Guest |

Post Board Role _____

Year joined BPW _____

REGISTRATION:

| | |
|---|-------------|
| Early Bird – On or before Monday May 1, 2015 | \$ 45 _____ |
| Postmarked After – May 1, 2015 | \$ 50 _____ |
| Onsite | \$ 55 _____ |
| Packet Only | \$ 10 _____ |

(NO GUARANTEE OF PACKETS BEING AVAILABLE AT THE DOOR FOR LATE REGISTRATIONS)

MEALS – Please circle your meal selection where applicable

Friday – Complimentary Continental Breakfast Sutter House guests.

Luncheon- - Croissant Turkey/Ham Cheese \$26 _____

Reception - Complimentary

Dinner –Dinner on your own.

Saturday – Complimentary Breakfast for Sutter House guests.

Lunch – Greek Salad \$26 _____

Installation Dinner – Rosemary Breast of Chicken w/Cabernet Reduction Sauce \$41 _____

Sunday - Complimentary Breakfast for Sutter House guests.

___ I will be attending the Post Board Meeting-Room 150 at Sutter House

Plus Late Fee \$5.00 for each meal (any registration received after April 30) #of meals x \$5 \$ _____

Total Amount Enclosed-Check payable to CFBPW \$ _____

MAIL THIS FORM AND PAYMENT TO:

KATHERINE WINANS
1171 Chaparral Court
Minden, NV 89423
Or Fax to: 775 267 0539

HOTEL INFORMATION - DEADLINE May 1, 2014

Best Western Sutter House
FOR RESERVATIONS: (916.441.1314)
ROOMS: Single \$99 Single/Double + taxes
Identify With CA Business and Professional Women for Group Rate

SPECIAL REQUIREMENTS

_____ Check here if you will require special ADA accommodation to fully participate

_____ Check here if you have any dietary restrictions, describe: _____

For Office Use:

| | | | | |
|--------------|---------------------|---------------|--------------|-------------|
| Member _____ | Date Received _____ | Check # _____ | Amount _____ | Batch _____ |
|--------------|---------------------|---------------|--------------|-------------|