

Fair, Firm or Individual _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

REGISTRATION FEES FOR CONVENTION

Delegate/Spouse Guest (Does not include banquet) \$ 250.00
Banquet Fee \$ 75.00
Saturday Only Attendees \$ 50.00

After December 11, 2023, Registration fee will be \$255.00

Delegate/Spouse Guest Name	Reg.	Banquet	Saturday Only Attendee	Total
	\$		\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$

Method of Payment



Check # _____

Card# _____ Name of Cardholder _____

Billing Address of Card: _____

Exp. Date _____