



NORCAL™

California Association of Flower Growers & Shippers
"Serving the Floral Industry Since 1941"

2010
Member Meeting
TUESDAY, AUGUST 10TH
LA COSTA RESORT & SPA
CARLSBAD, CALIFORNIA
MEMBERSHIP MAKES A DIFFERENCE



2010 MEMBER MEETING REGISTRATION FORM
Tuesday, August 10th

Submit One Registration Form Per Person (Please copy this form for additional registrations.)

Registration Applicant _____ (Print Name as It Should Appear on Badge.)

Company Name _____

Company Mailing Address _____

City/State/Zip _____

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Business Telephone Business Fax E-Mail Address

FULL REGISTRATION

(The full Member Meeting registration includes continental breakfast, vendor reception, General Overview session, Member appreciation lunch and Social Media speaking event)

Member Registration

Early Bird

(thru August 4rd)

\$ 25

After August 4th

register on-site

\$ 35

Optional Golf Outing

\$ 100 per player (Space is limited so register early)

***Includes: Greens fee, shared cart, practice range, professional scoring*

***"HAVE YOU MADE YOUR RESERVATIONS AT THE LA COSTA RESORT & SPA?"
CALL 800-854-5000 AND MAKE YOUR RESERVATIONS TODAY!!! Room Rate \$199 plus tax***

****PLEASE KEEP A COPY OF THIS REGISTRATION FOR YOUR RECORDS****

Cancellation Policy: In the event of cancellation of your registration, the association office will gladly refund the full amount paid, pending receipt of written notification prior to July 25, 2010. Refunds given between July 26th and August 4 will incur a \$15.00 processing fee. **No refunds will be issued for cancellations after August 4, 2010.**

*****Membership dues must be paid in full and you must be a member in good standing prior to registering for the Member Meeting*****

Register By:
Tel: 831-479-4912
Fax: 831-479-4914

Mail: NORCAL, CAFG&S
2901 Park Avenue, Suite D-3
Soquel, CA 95073

Payment Must Accompany Registration Form

Check Enclosed (Payable to CAFG&S) MasterCard VISA

Name of Cardholder _____

Card Number _____ Expiration Date _____

Billing Address As It Appears On Your Credit Card Statement:

Please Print Name of Card Holder

Signature of Card Holder

Association Office Only
Date Rec'd _____

Check# _____

Amount Paid _____