



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 and Member appreciation lunch**)

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 _____