

PACIFIC COAST CONGRESS of HARBORMASTERS & PORT MANAGERS, INC.

36th Annual Conference MEMBER Registration Form

April 6-9, 2010

Date: _____

Organization: _____ Phone: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse/Guest: _____

SECTION 1

CONFERENCE REGISTRATION

Includes meetings, materials, events, breaks, lunches, reception, one Banquet, one Breakfast Buffet, taxes (where applicable) & gratuities.

CONFERENCE REGISTRATION

\$250.00

SECTION 2

PARTIAL CONFERENCE REGISTRATION

No partial days (example: to attend the Tues, reception & part of Wednesday, you must pay for Tuesday AND Wednesday).

PARTIAL REGISTRATION

TUESDAY Attendance ONLY:	\$20	X	# of participants =	<input type="text"/>	\$ _____
WEDNESDAY attendance ONLY:	\$75	X	# of participants =	<input type="text"/>	\$ _____
THURSDAY attendance ONLY:	\$75	X	# of participants =	<input type="text"/>	\$ _____
FRIDAY attendance ONLY:	\$60	X	# of participants =	<input type="text"/>	\$ _____
Subtotal of Section 2:					\$ _____

SECTION 3

Extra Meal Tickets for SPOUSE or GUEST

EXTRA MEAL TICKETS

TUESDAY Reception:	\$20	X	# of participants =	<input type="text"/>	\$ _____
WEDNESDAY Lunch:	\$30	X	# of participants =	<input type="text"/>	\$ _____
THURSDAY Lunch:	\$30	X	# of participants =	<input type="text"/>	\$ _____
THURSDAY Banquet:	\$40	X	# of participants =	<input type="text"/>	\$ _____
FRIDAY Breakfast Buffet:	\$20	X	# of participants =	<input type="text"/>	\$ _____
Subtotal of Section 3:					\$ _____

BALANCE DUE (Sections 1, 2 & 3): \$ _____

ATTENDEES ARE RESPONSIBLE FOR THEIR OWN TRAVEL AND LODGING ARRANGEMENTS

The room block will be held until **March 22nd**. Call the Lakeway Inn & Convention Center 1.888.671.1011 to make your conference rate of single \$89.00 plus applicable taxes per night.

Please make checks payable to Pacific Coast Congress, and return this completed form with payment by March 23, 2010

TO: Pacific Coast Congress HMPM, 120 State Avenue, PMB 231, Olympia, WA 98501

QUESTIONS? Office ~ 800.236.0748 Fax ~ 800.236.3704 or Email cmaynard3@wildblue.net

CANCELLATION & REFUND POLICY:

- * FULL refund 14-DAYS prior to March 23, 2010
- * 50% refund 7-DAYS prior to March 23, 2010
- * Sorry, NO REFUND AFTER March 23, 2010