

2012 CONVENTION REGISTRATION FORM
Chesapeake Marine Canvas Fabricators Association, Inc.
February 16th, 17th, 18th, 2012
 Wyndham Mount Laurel Hotel
www.cmcfafa.org

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

e-mail: _____ Website: _____

Please check:	<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member	<input type="checkbox"/> Fabricator	<input type="checkbox"/> Supplier	<input type="checkbox"/>
	<input type="checkbox"/> New Member				

NAME of attendees as you want it to appear on your name badge	3 day/ 3 night rooms	3 day/ 2 night rooms	2 day/ 1 night room	3 days No rooms	Market day only	Partial Please write in	Circle One	AMOUNT
							Single	
							Double	
							Single	
							Double	
							Single	
							Double	
Membership dues-\$45.00 annually per business (if not already paid)							Single	
							Double	
TOTAL DUE								\$

Please indicate your day and approximate time of arrival _____

Please indicate exact number going on tours _____

Please indicate Friday dinner choice **beef** or **seafood** _____

MAKE CHECKS PAYABLE TO: Chesapeake Marine Canvas Fabricators Association, Inc. (CMCFA)

Master Card , Visa , Discover only: \$ _____

Card Number _____ Expiration Date _____ V code _____

