## **Déjà Vu Straw** 2019 CSAG CONVENTION REGISTRATION FORM

Please complete and send this form with your payment (make checks payable to CSAG) to:

#### Carol Thompson 1537 Sweet Juliet Lane Lincoln, CA 95648-8639

Name:			
Address:			
Phone:	E-Mail:		
	ress is required for enrollment con essed stamped envelope with your		e email, be sure to
Guest name:			
MEMBER REGISTR	ATION: **	*FEBRUARY 5*** DI	EADLINE TO REGISTER
Please check each appl	licable line and indicate the	amount in the right colu	ımn before totaling the amount
below.			
Registration fee for Students attending 1 day of convention			\$40.00 =
Registration fee for Students attending 2 days of convention			\$45.00 =
Registration fee for Students attending all 3 days of convention		\$50.00 =	
Registration fee for Instructors teaching at this convention			\$20.00 =
CLASS ENROLLME	NT:		
Enrolling in Frid	ay, Anne's Heart Brooch, wi 0-11:00 and 1:00-5:00, Frid		\$35.00 =
Enrolling in Satu	orday, My Weird Straw Frien O-noon and 1:30-4:30, Satur	ds, with Diane Davis	\$35.00 =
	day, United in Friendship, w		Carol \$35.00 =
	0-noon and 1:00-4:00, Sund		
	019 CSAG member, paid in os for 2019 OR		ues of \$20.00 =
See additional informat	: Indicate number of meals tion and meal descriptions in Chicken Lasagna R	n the "Welcome" letter. olls	
			X \$0.00 = (pd by Guild) X \$30.00 =
Additional Convention	Workbook(s)		X \$12.00 =
	<b>additional</b> workbooks you will pi E workbook is already included i	±	
	ion but want to order workbo		X \$15.00 =
_	O CSAG member to order workboo	• • • • • • • • • • • • • • • • • • • •	ailed to you after February 26.
(MAKE	CHECKS PAYABLE TO	CSAG) T	TOTAL: =

### Second page of 2019 registration form

Additional in	formation needed (Please mark all that apply):
Total	number attending the Friday lunch (i.e. you and any guests)
Yes, I	will be participating in the <b>trade show</b> (and have enclosed that form too)
I will	be donating something to the <b>raffle</b>
I will	be donating something to the silent auction
Thurso	d a roommate to share hotel expenses. The nights I will staying at the hotel are: day Friday Saturday Sunday expermission to release my contact information to other(s) in need of a roommate.
	de email address and phone number

#### **NOTE:**

# DEADLINE TO RETURN REGISTRATION FORM IS FEBRUARY 5, 2019 DEADLINE TO MAKE ROOM RESERVATION AT THE GUARANTEED RATE IS JANUARY 24, 2019

Be sure to return both pages of this form when mailing your check.

Also include the trade show form, if applicable.