



MASKS & WINE

Make checks payable to:
CFCP, Inc.
 & mail with this form to:
Don Feliz, Treasurer
 7386 Cranston Way
 Sacramento, CA 95822-4733

Convention Registration Form

Name _____ Phone () _____
 Address _____ Chapter _____
 City _____ State _____ ZIP _____

Also registering with this form:

Name _____ Chapter _____

- Non-member fee includes membership in CFCP, Inc. to December 31, 2011
- *This form must be received by April 10*—Late Registration begins April 11, 2011
- \$10 of Registration Payment is non-refundable • No refunds after April 20, 2011

	Number	Activity	Amount
Register		CFCP, Inc. Members @ \$35	
Register		Non-CFCP, Inc. Members @ \$40	
Register		CFCP, Inc. Junior Members @ \$20 (under age of 21)	
Register		Single Day Attendee @ \$15 (either Sat or Sun)	
Reserve		Poet's Luncheon @ \$20	
Choose		<input type="checkbox"/> Chicken Marsala <input type="checkbox"/> Grilled Tri Tip	
Reserve		Golden Pegasus Banquet @ \$30	
Choose		<input type="checkbox"/> Parmesan Crusted Atlantic Salmon <input type="checkbox"/> Sicilian Prosciutto Chicken <input type="checkbox"/> Beef Wellington	
Include		Late Fee @ \$5 (additional) Per Registrant	
		Donation to CFCP, Inc.	

See **Udrafts** for complete menu descriptions

Total

April 29 - May 1, 2011 • Hawthorn Suites Sacramento

Before mailing, be sure to make copies of all forms for your records.



HAWTHORN
 SUITES BY WYNDHAM

Sacramento

321 Bercut Drive, Sacramento, CA 95811 • 916-441-1200 • FAX: 916-444-2347

Hotel must receive your Reservation by April 8, 2011

- | | | |
|---|---|--|
| • free parking | Telephone reservations must include mention of California Federation of Chaparral Poets, Inc. for special rate | Rates per room/per night |
| • free Airport, Amtrak, Greyhound shuttle | | single \$62 plus taxes (maximum 2 guests) |
| • complimentary breakfast | | double \$72 plus taxes (maximum 4 guests) |

Name _____ Phone () _____

Address _____

City _____ State _____ ZIP _____

Payment of the first night's room charge for each guest is required for confirmation. Make check or money order payable to: *Hawthorn Suites* or use one of the following credit cards to hold your reservation:

- | | | |
|---|---------------------------------------|-----------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Diner's Club | Card No. _____ |
| <input type="checkbox"/> Master Card | <input type="checkbox"/> VISA | Expiration Date _____ |
| <input type="checkbox"/> Carte Blanche | <input type="checkbox"/> Discover | Signature _____ |

Specify number of rooms requested and circle nights required:

	April 29	April 30	May 1	May 2
___ Single	Friday	Saturday	Sunday	Monday
___ Double	Friday	Saturday	Sunday	Monday

Maximum occupancy per single room is two persons.
Maximum occupancy per double room is four persons.

Baggage handling is available.

Please specify when registering if you need special accommodations.

Need Airport / Train / Bus Transportation Arrival Date _____ Time _____

The Hawthorn Suite's Reservation Desk requests a list of all guests per room, including spouses and/or friends. You may make substitutions, but please bring a corrected copy with you to the convention.

Room 1 _____

Room 2 _____

Note:
 Rooms in the Hawthorn Suites Sacramento Hotel will be reserved on a first request basis. Reservations made after the **April 8, 2011** deadline are subject to availability and may not necessarily be booked at the convention rates. Check-in time is 3:00 pm; guests arriving before 3:00 pm will be accommodated as rooms become available. Check-out is 12:00 noon.

Mail this Reservation Form directly to Hawthorn Suites Sacramento, 321 Bercut Drive, Sacramento, CA 95811

CFCP, INC. CONVENTION