



**PFAC 2009 Fall Conference**  
**“Growing and Cultivating Our Industry”**  
 November 5-6, 2009  
 Hyatt Vineyard Creek Hotel & Spa  
 Santa Rosa, CA

## Participant Registration Form

### Contact Information:

First Name *(for badge)*: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

*required for confirmation*

### Conference Registration Fees:

	Registration postmarked or faxed by October 1 <sup>st</sup>	Registration postmarked or faxed between October 2 <sup>nd</sup> and October 30 <sup>th</sup>	Registration postmarked or faxed after October 30 <sup>th</sup> and on-site registrations
Member	\$135	\$155	\$185
*Employee of Member	\$120	\$140	\$170
Non-Member	\$160	\$180	\$210

\*Must be registered with a member

### Conference Registration:

I am a:

- Member of PFAC
- Employee of Registered Member of PFAC
- A Non-Member

Based on my status above and the date I am registering, please register me for the conference at the rate of \$\_\_\_\_\_.

I would like to sign up for the pre-intensive session scheduled for November 5<sup>th</sup> at the rate of \$220.

Total Amount Enclosed: \$\_\_\_\_\_

- I have enclosed a check made out to “PFAC”
- Please charge my (circle one) – VISA    MC    AMEX    Discover

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_

*Last three digits on back of card or four on front of card*

**Please complete this form and submit with payment to: PFAC, One Capitol Mall, Suite 320, Sacramento, CA 95814 or fax (for credit card payments) to (916) 444-7462.**