



Partner Registration

November 12-13, 2019
 Boardwalk - Cocoanut Grove
 Ballroom & Bay View Room
 400 Beach Street • Santa Cruz, CA



INCREDIBLE BAY VIEWS

AND RETRO-CHIC ROOMS

November 10 - 13, 2019

Rate: \$203.00

For Reservations

Call (831) 740-8069

Group Code: LOCAL

Company Name: _____

Contact: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Product/Company Description for Program Book: _____

Summit Contact: _____

Will you be staying at the Dream Inn? Yes: _____ No: _____

If not, where will you be staying: _____

Partner Registration Fees - \$500.00

Includes Tuesday Luncheon, Special Training Session, Time with Members at Partner's Time Happy Hour to include 10 minute presentation to promote Company/Products, Wednesday Breakfast (additional network opportunity), & Boardwalk Behind the Scenes Tour.

Registration Fees

NAMES (as they will appear on badge)

Please list everyone attending

| | Included with Partner Registration (limit 2 per vendor) | Additional Registration \$149 | Wednesday Breakfast? | Attending Boardwalk Tour? | Total |
|----------|---|-------------------------------------|--------------------------|---------------------------------|----------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

Program Book Full Page Ad - Give us your full color ad to be placed in the program book Yes \$ 150.00
 (free to all sponsorships larger than \$1500 1/2 & 1/4 page ads available)

Registration Grand Total \$ _____

Payment Information



Card # _____

Expiration _____ Verification # _____

Name on Card _____

Billing Address _____

Signature _____

Amount to be charged

\$ _____

Complete this form & return with your

Payment to:

Nor Cal BC

3443 Laguna Blvd, #150

Elk Grove, CA 95758

or Fax: (925) 474-4658

www.NorCalBowling.com

Questions?

Call: Bob Thomas

(925) 485-1855

Email: BobT@norcalbowling.com

Fax: (925) 474-4658

- No refunds after November 1, 2019. Prior to that date, must be made in writing.
- Copy of Comprehensive General Liability Policy with payment