



Renewing Our Resolve

CFRW Northern Division 2017 Fall Board of Directors Meeting and Convention
 “We Trust in President Trump ~ Moving Forward” ~ **November 10 – 12, 2017**
 Conference Registration Form

***EARLY** Registration Fee: Postmarked **BEFORE** November 1, 2017 = \$65/person

Registration Fee if postmarked **AFTER November 1, 2017 = \$85/person

Club Name: (i.e. “Best Club Ever RWF”, <u>not initials</u> BCERWF)	E-Mail Address
President’s Name:	Region:
Address:	Phone Number(s)

Voting code for registrant: EX for Ex. Comm, BD for No. Div. BoD, CP for Club Pres., ACP for Alternate Club Pres., RD for Reg. Director, PP for Past President, CD for Club Delegate and ACD for Alternate Club Delegate

Please <u>PRINT NAME</u> as it should appear on your name badge	Division Title or Club Title	Voting Code	Registration Fee		Lunch \$30	Banquet \$45 Code T, C, or V	Total Cost		Circle of Honor Member X = Yes
			*EARLY \$65	**LATE \$85			EARLY \$140	LATE \$160	
1									
2									
3									
4									
Guests (spouse or other non-Federation member)									
1									
2									
3									

Make checks payable to: **CFRW-Northern Division.**
 Send check and registration forms to: **CFRW Northern
 Division,**

Paulette Eneim— Registrar
140 Wheeler Lane
Crescent City, CA 95531

IMPORTANT: No registration will be accepted without
 payment! Registration fee is increased to \$85/person
 if registration is **postmarked** after
Nov. 1st.

Questions?

Call Annette DeModena 707-442-2788

**Book now! Make room reservations directly with the
 Red Lion Hotel by calling the hotel at 530-773-5466 or
 reservations can easily be made online using the
 following: **Press Ctrl then click link**
[Red Lion Hotel & Conference Center Rooms](#)
 Room Rate is \$90 + applicable taxes; mention code CFRW
1109.

****Hotel Reservations must be made on or before Friday,
 October 20, 2017** (the “cutoff” date) to receive this
 special rate!

**Registration
 deadline is
 November 1st.**
 No refunds can be
 made after Nov.7th
 if you must cancel.

Meal choice
**Tri-tip (T),
 Chicken (C) or
 Vegetarian (V)**
 Enter above

Total Enclosed
 \$ _____

Total # all
 attached
 pages

Food allergies? List here _____

