

PACIFIC COAST COFFEE ASSOCIATION

88TH ANNUAL CONVENTION REGISTRATION FORM • SEPTEMBER 12 THRU SEPTEMBER 14

REGISTRANT'S NAME _____

GUEST'S NAME _____

COMPANY _____ EMAIL _____

ADDRESS _____

(Street)

(Suite)

(City)

(State)

(Zip)

TELEPHONE# _____ FAX# _____

Room Reservations: All Convention accommodations are the direct responsibility of the Attendee

A dedicated website is now available for attendees to book your hotel room for the convention at this web address:

<https://book.passkey.com/e/49793734>

The deadline for room reservations is August 12, 2019

Or call 619-435-6611 directly to speak with a reservations agent or call our Group Reservations Coordinator Alma Williams

619-522-8574 or e-mail her at alma.williams@hoteldel.com

The below rate includes all scheduled events except participation in the croquet and golf tournaments.

**** Total Registration and Dinner Fees for Convention:**

PCCA Members (\$795 each) _____

PCCA Spouse (\$525 each) _____

NON Members (\$950 each) _____

NON Members Spouse..... (\$750 each) _____

Tournament Fees

Friday Sept 13th Croquet Tournament (\$95 each) _____

Friday Sept 13th After Party & Brewery Tour (\$25 each) _____

Saturday Sept 14th PCCA Golf Tournament (\$225 each) _____

Do you need to rent clubs? Yes _____ If Left-handed check here _____

Events:

Thursday Sept 12th Welcome Reception & Dinner

Friday Sept 13th PCCA Annual Meeting & Breakfast • Croquet tournament • Modern Times
Brewery After-Party & Tour

Saturday Sept 14th PCCA Golf Tournament • Muffins & Mimosas • Farewell Dinner

GRAND TOTAL OF ALL REGISTRATIONS AND TOURNAMENTS \$ _____

THIS COMPLETED FORM AND ALL CANCEL/REFUND REQUESTS MUST BE RECEIVED BY AUGUST 12TH

ONLINE FORM PLEASE FILLOUT AND PRESS SUBMIT BUTTON OR FAX HARD COPY TO PCCA: 1-240-331-3236 OR MAIL

COMPLETED FORM W/CHECK TO: PCCA, 1350 ARNOLD DR., SUITE 106, MARTINEZ, CA 94553.

CALL LISA WITH ANY QUESTIONS AT: 925-858-2257.

PAYMENT INFORMATION:

_____ Check Enclosed _____ American Express _____ MasterCard _____ Visa

\$ Total (regis. + events) _____ card# _____

Expiration Date _____ Name (on card) _____

Billing address w/Zip if different from above: _____

Email receipt to: _____ Checks Payable to: PACIFIC COAST COFFEE ASSOC.