



CPE Winter 2019

Kalahari Resort, Pocono Manor, PA
January 27—29, 2019

Author Registration Form

Registration Info:

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone # _____ Fax _____

Email _____

Badge Info: (Please print clearly)

Author Name _____

Additional attendee/guest badge name _____

Ticketed Meals

____ x \$ 50 = _____ Sunday Dinner

____ x \$ 20 = _____ Monday Breakfast

____ x \$ 35 = _____ Monday Lunch

____ x \$ 50 = _____ Monday Dinner

____ x \$ 20 = _____ Tuesday Breakfast

Training

____ Retail Relations—training led by Suzanne Kuhn
(please identify number of attendees)

TOTAL Purchase \$ _____ (please attach separate credit card authorization form)

Special dietary selections: ___ Gluten free | ___ Dairy free | ___ Vegetarian | Other specific allergy _____

Signature _____ **Date** _____

In signing, I understand that the amount indicated will be charged to the credit card given at the time of submission. This fee is only refundable if cancelled before January 18, 2019.

NOTES: _____

IF YOU ARE INTERESTED IN PARTICIPATING IN THE PERSONALITY PARTY ON SUNDAY, JANUARY 27, YOU MUST COMPLETE THE APPLICATION PROCESS. See cpeshow.com for details, click on Personality Party on the Winter Show 2019 page.

To complete your registration, fax this form to 855-815-9277 or email to service@munce.com.

For more information call 800-868-4388 or visit www.CPEshow.com.

Rep

HOTEL RESERVATION INFO: Kalahari Resort, Pocono Manor, PA | www.kalahariresorts.com/pennsylvania

Rate: \$144 + tax per night, Sunday -Tuesday, 01/27/19—01/29/19
To book your rooms, guests can call **1-800-525-2427** (follow the prompts for a new group reservation in the Poconos) and use the group code **4282** or the group name **CPE**.

Register by January 4, 2019 to get group rate!

Please note:

One night deposit will be charged at time of reservation. Deposit is refunded less \$25 for cancellations up to 72 hours prior to check-in.

Credit Card Payment Form

Order Code:

Date _____

Store # (if applicable) _____

Account/Vendor Name (if applicable) _____

Email _____

Billing Address:

Name on Credit Card: _____

Company (if applicable) _____

Address _____

City _____ ST _____ ZIP _____

Phone # _____

CC #: _____

Exp. Date ____/____ CC Type: _____ CSV Code _____

Amount to be charged \$ _____

Invoice # _____

Signature: _____

Notes: _____

