



CPE | Winter 2019

Register now for CPE | Winter 2019 at an exciting new location!

Kalahari Resort, Pocono Manor, PA

January 27-29, 2019

**Pre-register by 01/04/19 to qualify for the max reimbursement level
and the cash prize drawing!**

Also, reserve your room at Kalahari Resort by 01/04/19 to get the group rate!

CPE | WINTER 2019 - REGISTRATION FORM

Registration date: _____

Store Name: _____

Your Name: _____

Store Address: _____

City: _____ ST _____ ZIP _____

Phone # _____ Fax # _____

Email Address: _____

I would like this email printed on my buyers labels provided at the show? Yes No

Alternate email address for labels: _____

~ The above information will be printed on buyers' labels provided to you at CPE. ~

Marketing Group/ Affiliation _____ None | Munce Group # (if MG member) _____

Do you have more than one location? Yes No | If yes, how many total stores do you have? _____

Have you ever attended CPE | Fall before? Yes No

Have you ever attended CPE | Winter before? Yes No

Notes: _____

Call 800-868-4388 or fax your registration to 855-815-9277

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

(Saturday, 01/26/19, rate is \$209)

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**.

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.

Register by January 4, 2019 to get group rate!



CPE | Winter 2019 — Badge & Meal Form

PLEASE COMPLETE AND SIGN THIS FORM

FAX TO 855-815-9277 BY January 11, 2019

Name Badges: Store Name _____ City, ST _____

Please list the names of all persons who will be attending the show.

Please print clearly. (Use a separate sheet, including your store name, city & state, if you need more than four badges.)

Name: _____ Name: _____

Name: _____ Name: _____

PLEASE NOTE (*): Each buying point must meet the minimum reimbursement level to qualify to receive two tickets free of charge for each ticketed meal. Please see the Reimbursement Info Sheet for details on how to qualify. Tickets in excess of 2 will be billable at the per person price listed below.

Event & Meal Registration - Please indicate who will attend each event or meal listed below. Sign and date the form at the bottom.

EVENTS

Sunday, January 27	Event	List name of each person that will attend
12:00 pm to 1:30 pm	Bookstore Manager Training	_____
2:30 pm to 4:15 pm	Moderated Discussion Groups	_____
4:30 pm to 5:15 pm	Personality Party	_____
8:00 pm to 10:00 pm	Movie Premiere	_____

Monday, January 28

8:00 pm to 10:00 pm	Movie Premiere	_____
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MEALS (Please note any special dietary requirements below)

		Ticket Price *
Sunday, January 27		
5:30 pm to 7:30 pm	Sunday Family Dinner *	\$50
Monday, January 28		
7:30 am to 8:30 am	Breakfast/Devotions *	\$20
12:00 pm to 1:00 pm	Complimentary Lunch Buffet	
5:30 pm to 7:30 pm	Banquet & Showcase *	\$50
Tuesday, January 29		
7:30 am to 8:30 am	Breakfast/Devotions *	\$20

(*Note: Tickets in excess of two for breakfasts and dinners will be billed at the price listed above)

Special dietary selections:

Name: _____ Gluten free | Dairy free | Vegetarian | Other specific allergy _____

Name: _____ Gluten free | Dairy free | Vegetarian | Other specific allergy _____

NOTES:

Cancellations must be received by January 18, 2019 to avoid being charged for the meals ordered.

Signature: _____ **Date:** _____