

2023 CONVENTION REGISTRATION FORM
Chesapeake Marine Canvas Fabricators Association, Inc.
February 16-18, 2023
www.cmcfa.org

Company Name:		
Address:		
City:	State:	Zip:
Telephone:		Fax:
Email:		Website:

I am a: CMCFA Member Non-Member Fabricator New Member Supplier

Number of rooms being reserved: _____

Room	Name of Attendee (as it will appear on your name badge)	Arrival Date	Package Number*	Price	Dates of Conference Attendance (check all that apply)	If attending banquet: Select Dinner
1					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
1					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
2					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
2					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
					<input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Beef <input type="checkbox"/> Rockfish
Book additional night, February 18, 2023 (\$185 per room)						
Subtotal:						
Renew Membership (\$70.00):						
New Membership (\$100.00):						
Discount if paying before Jan 1, 2023 (Subtract \$150 for Single Occupancy or \$300 for Double Occupancy) **						
Total Amount Due:						

*see package details on "Registration Rates" page

** Must be postmarked by January 1, 2023 to have discount applied. If not, you will be responsible for remaining balance

MAKE CHECKS PAYABLE TO: Chesapeake Marine Canvas Fabricators Association, Inc. (CMCFA)

Master Card, Visa, Discover only: \$ _____

Card Number _____ Expiration Date _____ CCV code _____

Name as appears on card _____ Signature _____

*** If using 2- payment plan, initial here _____ for automatic payment of remaining balance on 2/1/2023

Mail completed forms to: CMCFA Convention to CMCFA P.O. Box 1131 Pasadena MD. 21123

Cancellations honored through **1/24/23**, none thereafter. Any portion of the convention registration not used is forfeited. Weather conditions at the convention site will be the determining factor in any weather related cancellations.