



REGISTRATION FORM



Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Registrant Name	Friday Morning Business Meeting	C-Child A-Adult	Child's Age	Friday Reception	Family BINGO	Golf Handicap or Average Score	Saturday Reception

Payment Options

___ Payment Enclosed

___ Invoice Company

___ Credit Card (Master Card or Visa)

CC No. _____

Exp. _____ Sec. Code _____

Signature

REGISTRATION FEES

Friday & Saturday Night

___ Member Representatives @ \$250 \$ _____

___ All Additional Adults @ \$150 \$ _____

___ Children (7-12) @ \$100 \$ _____

No charge for children 6 & under

Single Night Fee

___ Adults @ \$150 \$ _____

___ Children (7-12) @ \$50 \$ _____

No charge for children 6 & under

Friday Family BINGO (Card Options)

There will be 5 bingo games.

___ Adult Card @ \$10 each \$ _____

___ Adult Bundle @ \$50 (5cards) \$ _____

___ Child Card @ \$5 each (12 and under) \$ _____

___ Child Bundle @ \$25 (5cards, 12 and under) \$ _____

Additional cards available at the event

Saturday Golf

___ Number of Golfers @ \$180.00 \$ _____

Lunch included

Total Amount Due \$ _____

RETURN REGISTRATION FORM BY

July 7, 2017

APAO
 5240 Gaffin Rd. SE, Salem OR 97317
btalent@apao.org
 Phone: (503) 363-3858
 Fax: (503) 363-5571