

Registrant Information

Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____ / _____
Email: _____
Guild: _____

- I need special accommodations. Please specify: _____
- I would like to be a Volunteer or Class Angel: Please contact our volunteer coordinator Simone Mortan at cnch2015volunteers@gmail.com
- Check if this is your first CNCH conference

Workshop Selection

If you register online you will have immediate confirmation of your workshop choice. If you send in this form it will be processed in the order in which it is received, beginning on November 1, 2014 at 9 am.

	Class number	Class name	Instructor
1st choice:	_____	_____	_____
2nd choice:	_____	_____	_____
3rd choice:	_____	_____	_____

Registration Costs

	Basic Fee	After 1/31/15	Amount
Conference fee	\$300	\$350	\$ _____
CNCH Membership (see booklet)	\$40	\$40	\$ _____
Facility Use Fee (if not staying at Asilomar)	\$100	\$100	\$ _____
		Total due \$	_____

Room and Board arrangements at Asilomar must be made separately through the link on the CNCH website at www.cnch.org

Payment Information (online registration and payment is available at www.cnch.org)

- Check — **make check payable to CNCH 2015**
- Credit Card VISA Mastercard
- Card Number: _____
- Name on Card (please print): _____
- Expiration Date: _____
- Security Code (3 or 4 digit number on back of card): _____

Mail this form and payment to:

CNCH 2015 Registrar
441 Conil Way
Portola Valley, CA 94028

For mail-in registration confirmation please send in a SASE if you would like confirmation of registration by mail or include your email above. A full refund, minus a \$50 administration fee, will be made for cancellations received before March 15, 2015. Sorry, no refunds for cancellations after that date. All refunds will be sent AFTER the conference.

Mail this form and payment to:

CNCH 2015 Registrar
441 Conil Way
Portola Valley, California 94028