



# 107TH ANNUAL CONVENTION

## PA State Association of County Fairs & the PA State Showmen's Association

### January 23rd - 26th, 2019



Name of Fair, Firm or Individual \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Fair Member | <input type="checkbox"/> Associate Member       | <input type="checkbox"/> Showmen Associate Member |
| <input type="checkbox"/> Trade Show  | <input type="checkbox"/> Other (identify) _____ |   |

Before December 15, 2018 mail completed form to:

**PSACF • 128 Cumberland Rd.  
Bedford, PA 15522  
Phone: 866.814.6985**

OFFICIAL USE ONLY

Please specify with the corresponding number, any special meal requirements:  
 1. MSG Free  
 2. Gluten Free  
 3. Vegan  
 4. Vegetarian  
 5. Any Other (Please Specify)

|  | Name            | <i>First time to attend</i> | <i>Registration Fee \$30.00<br/>(after 12/15/18 \$50.00)</i> | <i>PSACF Banquet \$34.00<br/>(Thursday)</i> | <i>Communications Breakfast \$19.00<br/>(Friday)</i> | <i>Showmen's Banquet \$39.50<br/>(Friday)</i> | <i>Box Lunch \$18.00 (Saturday)</i> | <i>Coronation Banquet \$39.00<br/>(Saturday)</i> | <b>Spouse's First Name or<br/>Name of Guest</b> | <b>Total \$</b> |
|--|-----------------|-----------------------------|--|---|--|---|-------------------------------------|--|---|-----------------|
|  | <i>John Doe</i> | <i>2</i>                    | <i>2</i>   | <i>2</i>                                    | <i>2</i>   | <i>2</i>                                      | <i>2</i>                            | <i>4</i>   |   | <i>\$359.00</i> |
|  |                 |                             |  |   |  |   |                                     |  |   |                 |
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|  |                 |                             |  |   |  |   |                                     |  |   |                 |

**Make Check Payable To PSACF Convention Account - - - - - Grand Total Enclosed \$**

PLEASE RETURN TOP COPY