

WEST COAST EVENT & BALLOON ARTS CONVENTION

APRIL 5-7, 2009

Orange County/Costa Mesa
Hilton

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WEST COAST EVENT & BALLOON ARTS CONVENTION

MAIL REGISTRATION TO:

WEST COAST EVENT PRODUCTIONS
26861 TRABUCO RD., STE E, #172
MISSION VIEJO, CA. 92691

WCE&BAC REGISTRATION FEE

	Registration Per Person/ Double Occupancy	Without Hotel Per Person
Before 10/31/08.....	\$725.....	\$625.....
11/1/08 - 3/5/09.....	\$825.....	\$750.....
3/6/09 - 3/30/09.....	\$925.....	\$825.....
3/31/09 - Convention.....	\$975.....	\$875.....

DATE: _____ COMPANY NAME: _____
 NAME: _____ ADDRESS: _____
 STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____
 EMAIL: _____ WEBSITE: _____ CBA QBN IBA NABAS

Please Check All That Apply:

SECTION 1- REGISTRATION TYPE:

- Full Delegate Registration (per person):
Includes 3 Nights stay (double occupancy)
3 days of classes, Opening Ceremony Breakfast,
2 Grand Evening Galas w/dinner, Trade Show
Access, Educational notebook & tote
See Chart Above for fees \$ _____
- Delegate Registration WITHOUT Hotel:
Includes 3 days of classes,
Opening Ceremony Breakfast,
2 Grand Evening Galas w/dinner, Trade Show
Access, Educational Notebook & tote
See Chart Above for fees \$ _____

SECTION 2- HOTEL PREFERENCES: (Based on Double Occupancy)

All rooms will have 2 Double Beds unless specifically requested

- Smoking Non-Smoking
- You will be rooming with (NAME): _____
- Private room -
(single or sharing a room w/ non-delegate for 3 nights) - Add \$ 225
- Early Arrival - Saturday, April 4, 2009 - Add \$129 (per person, double occupancy)

SECTION 3- MEALS (additional tickets):

- Sun. Morning Opening Breakfast - \$ 45
- Monday Evening Dinner Ticket - \$ 85
- Tuesday Final Night Gala - \$ 115

SECTION 4-Educational Pass ONLY* (must pay in full ;not eligible for installments)

- 3 Day Educational Pass - \$ 450*
- One Day Educational Pass - \$175*
- One Class A La Carte Pass - \$45 per class*

Competition Entrants Must be Registered by
3/14/09; Please Check All That Apply:

- Small Non-Round Sculpture
- Tablescape
- Creative Innovations
- Decorator/Twister Team Sculpture
- Large Sculpture
- Centerpiece

PAYMENT INFORMATION

Visa Mastercard Amex Check
 Card # _____ Exp.Date _____ CVV _____

Name on Card _____
 Billing Address _____

Total Fees: Add all Checked Boxes, Sections 1-4

Please check one box only:

I wish to pay the full total amount due \$ _____

Below only applies to Full Delegates with or without hotel (must use credit card):

I wish to make installments of the total amount due; payment terms are as follows:

50% of total registration cost due with this registration form;
 Final installment due March 18, 2009 (after 3/18/09, full
 payment must be submitted)

I, the cardholder, authorize West Coast Event Productions to debit my credit card in the amount as determined by above totals and within terms of selected payment schedule. By signing below I understand and agree to terms and conditions including cancellation policy

Signature: _____

Cancellation Policy

If canceling registration before March 1, 2009, 50% of total fees paid will be refunded. No refunds will be given after March 2, 2009