

**Northwest Bead Society Fall Retreat
Registration / Reservation Form
October 9, 10 & 11, 2009
The Retreat Center at Camp Burton, Vashon Island, WA**

NAME:	FIRST NAME FOR NAME TAG:
ADDRESS:	
CITY / STATE / ZIP	DAY PHONE:
E-MAIL	EVE PHONE:

Note: You must be a current member of the Northwest Bead Society to attend the Retreat. If you are not a current member, and would like to attend, please include your membership application and check for your current dues with your retreat registration. Membership forms are available at: www.nwbeadsociety.org or at our meetings.

I am a member of NWBS Yes No, I have included my membership application & dues.

REGISTRATION FEES (Choose One)	Amount	
Full Registration Fee, OR	\$175.00	
Reservation Deposit (Balance Due by 8/18/09)	\$ 50.00	
Late Registration Fee, submitted after 8/18/09 , please add	\$ 10.00	
TOTAL ENCLOSED		

If registration is full, I would like to be on the waiting list.	Yes		No	
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Sleeping Accommodations (3 per room)

I would like to room with: _____ AND _____

I would like to be with others like me: night owls early birds I am both I am a snorer

First Aid: I am currently trained for CPR First Aid & willing to be designated CPR/First Aid person.

Do you have any mobility issues: Yes No

Meals: Vegetarian entrees Dietary health restrictions: _____

If you have special dietary needs, refrigerators are available for any supplemental foods you may bring.

Volunteer Jobs I am willing to help with:

Setup (Friday Aft) Registration/Check In Whatever is needed during the weekend

Pre-retreat preparations Clean Up meeting space & room check (Sun Aft)

I would like table space for the Swap & Sell (*table space is limited so will be shared*)

I would like to do a mini-workshop/demonstration during the event on:

Cancellation Policy:

A full refund, less \$15 processing fee, will be made on cancellations received before Aug 25. After that date, refunds will be made (less the processing fee) only if your space is filled from the waiting list.

All registrations/reservations will be processed by post mark date. Mail your completed registration form and payment by check only to:

**NWBS Retreat Registration
PMB 564
4616 25th Ave NE
Seattle, WA 98105**

Make checks to: Northwest Bead Society.

Please keep a copy for your records.

FOR HIGHLY OFFICIAL USE ONLY	
Postmark Date	
Total Due	
Check #	
Check Amount	
Balance Due	
Balance Due Rcvd	
Check #	
Check Amount	