

**CHAPTER TABLE
REGISTRATION FORM
FOR
20TH ANNUAL WINTER CONVENTION
MARCH 1, 2, and 3, 2012
Marriott Hotel and Conference Center
300 East 9th Street (Just off I-80 at Exit 242)
Coralville, Iowa**

Chapter Name: _____
Contact Person: _____
Address: _____
City: _____
State: _____ Zip: _____

One table will be provided at no charge. If you would like extra tables, they will be \$25 each.

Yes, we would like 1 table at no charge 0.00
Number of Tables _____ @ \$25.00 = _____
Total Enclosed _____

There will be 2 chairs with each table and a wastebasket.

Please enclose a check for the total and make payable to

Iowa Chapter #5 and mail to:

Diane Caloud

2911 Hwy E-36

Clutier, IA 52217

email: dkcaloud@fctc.coop

Exhibitors and helpers accept full liability for any injury or loss to themselves or their property, while attending the convention. They expressly release the Show management from the liability for any injury of loss. Sellers are responsible for state sales tax, if applicable.