

ONE BOOK SACRAMENTO



DINNER

Friday, October 21, 2005

California Exposition and State Fair

YOUR INFORMATION

* Name Badge Information

*Registrant Name			Home Mailing Address		
*School or Organization Name			Home City	State	Zip Code
School or Organization Mailing Address			Home Phone	County	
City	State	Zip Code	E-mail Address		
School or Organization Phone	School or Organization Fax	*Grade Level	Please Send Mail To: <input type="checkbox"/> School or Organization <input type="checkbox"/> Home		
*County of School or Organization	School District				
I have a special dietary need: _____					
How did you hear about this event: _____					
Including '05, number of years attending conference: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> more Share my contact information with other attendees: <input type="checkbox"/> Yes <input type="checkbox"/> No					

GUESTS

Guest One	
Name _____	Dietary Need _____
School or Organization Name _____	County _____
Guest Two	
Name _____	Dietary Need _____
School or Organization Name _____	County _____

REGISTRATION OPTIONS

Friday, One Book Sacramento Dinner

\$30 x _____ = _____
Qty Total Payment

PAYMENT INFORMATION

Please submit payment or purchase order with Registration Form. Requests for full refunds will be honored if received by Oct. 3, 2005.

Certificate enclosed Payment to be made by: _____

Visa MasterCard Check enclosed for \$ _____ Purchase Order # _____

Credit Card # _____ / _____ / _____ / _____ Expiration Date _____ / _____ Amount Authorized \$ _____

Cardholder Name _____ Cardholder Signature _____

Dinner Registration Due October 17

Return completed registration form to: California Foundation for Agriculture in the Classroom, 2300 River Plaza Drive, Sacramento, California 95833-3293
(800) 700-AITC or (916) 561-5625 Fax (916) 561-5697

Register online at www.cfaitc.org today!



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