



Owner's Event and General Membership Meeting 2006 Registration Form

_____ Yes I do wish to attend the Campbell's Resort Dinner and Breakfast and Tsilian Cellars Tasting and Tour

_____ I only wish to attend Campbell's Resort Dinner and Breakfast

_____ I only wish to attend the General Membership Meeting October 28, 2006 at no charge.

Be sure to sure reserve your room at Campbell's Resort! If you have any questions please call Cheryl Maas at the PHCCWA office @ 888-891-9240

Company: _____ Fax: _____

Contact: _____ Phone: _____

Count us in! We don't want to miss out on the fun! We would like to reserve the following,

General Fee # _____ @ \$85 per person = \$ _____

General Fee and Winery # _____ @ \$115 per person = \$ _____

- Our check for \$ _____ is enclosed.
- Please charge my credit card: MasterCard or VISA

Please remit form by mail to:
Cheryl Maas
PHCCWA
PO Box 64580
University Place, WA 98464
Or fax to:
866-272-2545

Card Number: _____ Expiration Date: _____

Card Billing address w/ zip _____

Signature: _____ Date: _____

