

North American Quilling Guild Conference

NAQGCON 2009

Sheraton Suites Tampa Airport- Tampa, Florida
Friday May 1st through Sunday May 3rd, 2009

Registration Form

NAQG Member: YES _____ NO _____ Vendor: YES _____ NO _____ Number of Guests _____

Name _____

Mailing Address _____

City _____, State _____ Postal/Zip Code _____

Country _____

Email Address _____ Phone Number _____

Guest Name _____

Mailing Address _____

City _____, State _____ Postal/Zip Code _____

Country _____

Email Address _____ Phone Number _____

If you plan to sell your work, tools, supplies, or any other items at the 2009 NAQGCON, please fill out the vendor/company information, and be sure to include vendor/company fees with total registration fees due.

Vendor/Company Name _____

Vendor Mailing Address _____

Mailing Address _____

City _____, State _____ Postal/Zip Code _____

Country _____ Website _____

Email Address _____ Phone Number _____

Registration/NAQGCON Fees:

Attendees Fees

NAQG Member \$135.00 x _____ attending \$ _____

Non-Member/Guest \$150.00 x _____ attending \$ _____

Meals Only Guest/Non-Member \$90.00 x _____ attending \$ _____

Vendor/Company Fees

NAQG Member \$50.00 = _____

Non - Member \$100.00 = _____

Total Registration Fees Due \$ _____

All funds should be in US Dollars only. All checks and/or money orders should be made payable to the **North American Quilling Guild** and must have **NAQGCON 2009** noted as the memo. Registration fees are refundable if cancellation is received before April 1st, 2009 or for medical reasons. **Please send payment & forms to: Lois Bandt - Weber; 109 Palo Verde Drive, Leesburg, Florida 34748; Email = Bladybugquill@wmconnect.com; Phone Number 352-323-8939**

_____ I am entering a competition piece(s) form enclosed

_____ I will need a vendor space. Number of 6' table's needed _____

_____ I will need space to display my work - 1/4 Table _____ 1/2 Table _____ 1 Table _____

_____ I would like to teach a workshop/class. You must contact the 2009 NAQGCON host/hostess right away.

(Subject of class/workshop you would like to teach) _____

_____ I would like to demonstrate or help with "Make-it/Take-its" Saturday afternoon _____

_____ I have special dietary needs (Please list) _____

_____ I **DO** grant NAQG permission to photograph my quilling display/artwork(s) provided for various NAQG projects, newsletters, brochures, & website (NAQG Member Signature) _____ Date _____

_____ I **DO NOT** grant NAQG permission to photograph my quilling display/artwork(s) provided for various NAQG projects, newsletters, brochures, & website (NAQG Member Signature) _____ Date _____

Revised 10/2008