

North American Quilling Guild Conference

NAQGCON 2010

Holiday Inn Long Island-Islip Airport
Friday April 30th through Sunday May 2nd, 2010

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 2010 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 \$160.00 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 2010** noted as the memo. Registration fees are refundable if cancellation is received before April 1st, 2010 or for medical reasons. **Please send payment & forms to Kay Shockley, 49 Gaymore Road, Port Jefferson Station, NY 11776. Email: te1391@gmail.com**

_____ 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 2010 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** _____