

2018 MONTANA MEETING REGISTRATION FORM

Please fill out a separate form for each person in your party.

Total # in Party: _____ • Registration Form # _____ of _____.

1. Contact Information

First* _____ Last* _____ Title* _____

Address 1* _____

Address 2* _____

City* _____ State* _____ Zip* _____

Phone* _____ Fax* _____ Email* _____

2. Meeting Package Choices/Lodging

* Required Information

See page 4 for included meals.

X	Package	Single March 23* & Before	Single March 24- July 20*	Double March 23* & Before	Double March 24- July 20*
	Fishing, Lodging, Meals, & CMEs	\$1,750 <input type="radio"/>	\$1,850 <input type="radio"/>	\$1,450 <input type="radio"/>	\$1,550 <input type="radio"/>
	Fishing, Lodging, & Meals	\$1,500 <input type="radio"/>	\$1,600 <input type="radio"/>	\$1,200 <input type="radio"/>	\$1,300 <input type="radio"/>
	Lodging, Meals & CMEs	\$1,300 <input type="radio"/>	\$1,400 <input type="radio"/>	\$1,000 <input type="radio"/>	\$1,100 <input type="radio"/>
	Fishing, Meals & CMEs	\$1,100 <input type="radio"/>	\$1,200 <input type="radio"/>	\$1,100 <input type="radio"/>	\$1,200 <input type="radio"/>
	Meals & Lodging	\$1,000 <input type="radio"/>	\$1,100 <input type="radio"/>	\$700 <input type="radio"/>	\$800 <input type="radio"/>
	CMEs & Meals	\$600 <input type="radio"/>	\$700 <input type="radio"/>	\$600 <input type="radio"/>	\$700 <input type="radio"/>
	CMEs Only	\$350 <input type="radio"/>	\$450 <input type="radio"/>	\$350 <input type="radio"/>	\$450 <input type="radio"/>
	Child ages 4-12	\$200 <input type="radio"/>	\$300 <input type="radio"/>	\$200 <input type="radio"/>	\$300 <input type="radio"/>
	Child ages 3 & under	\$0.00 <input type="radio"/>	\$0.00 <input type="radio"/>	\$0.00 <input type="radio"/>	\$0.00 <input type="radio"/>

* Early Bird Pricing is Through March 23; Regular Pricing is March 24-July 20

If you selected DOUBLE Occupancy, list roommate here: _____

3. Method of Payment

Full Payment of \$ _____

50% Deposit of \$ _____

Credit card will be charged on JULY 20 for the balance.

Make Checks payable to: William L. Goldfarb Foundation. There will be a \$25 charge for all returned checks.

Credit Card: MC VISA AM EX DISCOVER
Card# _____ Expiration Date _____

Do not charge my credit card for the balance on JULY 20, I will provide an alternative form of final payment.