



PHILADELPHIA / KING OF PRUSSIA CONVENTION

DOUBLETREE PHILADELPHIA - VALLEY FORGE, MAY 4TH – 8TH, 2017

Complete Registration Form (please type or print)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ E-MAIL _____

SPOUSE/GUEST NAME _____

ARRIVAL DAY _____ DATE _____

DEPARTURE DAY _____ DATE _____

MEAL SELECTIONS: Saturday Banquet Dinner (Insert number of people next to choice)

____ Braised Short Ribs

____ Asian Salmon

____ Roasted Chicken

____ Vegetarian

Special dietary needs: (specify) _____

SILENT AUCTION Seller Yes No

I will bring approximately _____ items to sell *A supply of bid sheets will be sent to you*

Estimated number of 6' x 30" tables needed _____ Partial tables are available

SHOW AND TELL Yes **I would like to participate.**

Please indicate what you will bring, so we can plan the program

INFORMATION FOR NAME TAG

Full Name _____

Spouse/Guest Full Name _____

Guest City, State/ Province, Country _____

FIRST TIME ATTENDING *Please check if this is your first ISASC convention* **(OVER)**

