



2017 Mid-Year Registration

September 20 - 23 • Bacara Resort & Spa, Santa Barbara, CA

Office Use Only

Date In _____
Amount In _____
Confirm _____

Registrant Information Register no more than one couple per page

1. Registrant's Name _____ Badge Name _____

2. Spouse/Guest Name _____ Badge Name _____

3. Youth 1 Name _____ Age _____ Badge Name _____

4. Youth 2 Name _____ Age _____ Badge Name _____

Company _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell Phone _____

Registration Fees All attendees must be registered

I'm a First-time Conference Attendee

Registration Category	By 08/15/17	After 8/15/17	Subtotal
Owner/Employee Member	\$595	\$695	
Spouse/Guest (18 years old and above)	\$395	\$495	
Youth (4 - 17)	\$225	\$325	
Youth (3 and under)	\$0	\$0	
Optional Activities <small>Please enter registrant's number (1-4) from above</small>	Fees	Registrant #	
Leadership Development Program (Saturday)	\$0		
Golf Tournament (Thurs.) <small>Includes Lunch</small>	\$225		
Golf Club Rental	\$80		
Lotusland Botanic Gardens (Thurs.)	\$160		
Montecito Horseback Ride (Thurs.)	\$360		
Red Tile Walking Tour (Fri.)	\$175		
Jeep & Shooting Tour (Fri.)	\$435		
Double Dolphin Coastal Charter (Fri.)	\$225		
Santa Ynez Valley Boutique Wine Tour (Sat.)	\$325		
Santa Ynez Valley Wine Tour (Sat.)	\$285		
Total Fees			

Registration Info

- Fax this registration form to (703) 548-3733
OR
- Mail this registration form with payment to:
PCCA
1908 Mt. Vernon Ave.
2nd Floor
Alexandria, VA 22301

Cancellation Policy

There is no charge for cancellations received before 08/15/17. After that date, no refunds will be given. Please confirm cancellation and refund request in writing.

Golf Details

Do you need rental clubs? Yes No

Set	Hand	Gender
1	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> M <input type="checkbox"/> F
2	<input type="checkbox"/> RH <input type="checkbox"/> LH	<input type="checkbox"/> M <input type="checkbox"/> F

PCCA Fees Payment must accompany this registration in the form of a check or credit card. Payment must be received by August 15, 2015, for early discount.

Check Please make payable to PCCA MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

CC Billing Address _____

Hotel Registration Credit card is required to reserve rooms. This is a separately charged item. Card Type: MasterCard VISA AMEX

Credit Card Number _____ Expiration _____ V-code _____

Cardholder Name _____ Signature _____

Check-in Date _____ Check-out Date _____

Room Type

- Superior King \$270 | Deluxe King \$330 | Deluxe Double \$330
 Signature Suite Garden View \$480 | Signature Suite Partial Ocean View \$720

Questions?

Call us at (800) 542-PCCA