



# 2016 NATIONAL CONVENTION

Phoenix, Arizona

24 August - 27 August 2016

## Mail-in REGISTRATION FORM

Mail to: Ann Beecher, N-CR, P. O. Box 1147, Lake Dallas, TX 75065-1147

*Do not mail registrations to the above address after 7 August.*

Email questions to [abbeech53@gmail.com](mailto:abbeech53@gmail.com)

**Please write names as you wish them to appear on the nametags.**

Name: \_\_\_\_\_ Check one: Auxiliarist ☐ Coast Guard ☐ Guest ☐ Other ☐

District: \_\_\_\_\_ Auxiliary Office: \_\_\_\_\_ or CG Rank \_\_\_\_\_ 1st Time Attendee ☐

Auxiliary Member #: \_\_\_\_\_

Name: \_\_\_\_\_ Check one: Auxiliarist ☐ Coast Guard ☐ Guest ☐ Other ☐

District: \_\_\_\_\_ Auxiliary Office: \_\_\_\_\_ or CG Rank \_\_\_\_\_ 1st Time Attendee ☐

Email address: \_\_\_\_\_ **(This must be completed)**

Item	Number	Price	Amount
<b>Registration: All attending must register*</b>			
Registration fee by July 31, 2016	_____	\$25.00	_____
Late Registration fee on or after August 1, 2016	_____	\$35.00	_____
<b>Friday Night Fellowship Dinner*</b>			
Traditional Buffet	_____	\$53.00	_____
<b>Saturday National Commodore's Banquet choices: *</b>			
HERB SEARED SALMON FILLET	_____	\$63.00	_____
CHICKEN PICCATA AND SHRIMP	_____	\$63.00	_____
ESPRESSO RUBBED MANHATTAN STEAK	_____	\$63.00	_____
*Required for reimbursable orders			
Please contact Ann Beecher <a href="mailto:abbeech53@gmail.com">abbeech53@gmail.com</a> if you require modifications to the announced menu selections			
<b>Friday NAC Luncheon</b>			
<i>CG Flags, Current and Past Commodores and their Guests only</i>	_____	\$33.00	_____
<b>Saturday International Luncheon</b>			
<i>To Honor our International attendees</i>	_____	\$33.00	_____
<b>Registration and Events Total</b>		<b>Total</b>	_____

### Payment Options:

- Make check payable to **CGAuxA, Inc.** for the total amount and mail with registration form.

*or*

- To pay by credit card: **PRINT CLEARLY ALL ENTRIES BELOW** then mail registration form.

Name: \_\_\_\_\_

*(Name must be as appears on the credit card)*

Address/PO Box: \_\_\_\_\_

*(Must be billing address for the credit card)*

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ | Home ☐ Work ☐ Cell ☐

Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ | Home ☐ Work ☐ Cell ☐

Type of Card: MC\_\_\_ VISA\_\_\_ AMEX\_\_\_ DISC\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: MO / YR. \_\_\_\_/\_\_\_\_/\_\_\_\_

Validation Number \_\_\_\_ (3 digits on back of credit card)

Signature: \_\_\_\_\_

Disclosure statement pursuant to S6115 of the Internal Revenue Code: The value of the goods and services which you will receive for the registration fee is equal to the amount of the fee. Therefore, no part of the registration fee constitutes a charitable contribution.