

2016 CALIFORNIA MISSIONS CONFERENCE REGISTRATION FORM February 12-14

To register online, please visit: store.californiamissionsfoundation.org



California Missions Conference
33rd Annual Conference: February 12-14, 2016
Theme: "El Camino Real de las Californias"
Misión San Juan Bautista
 408 2nd Street, San Juan Bautista, CA 95045
 Tel: (831) 623-2127
www.californiamissionsfoundation.org

NAME (please print): _____ BADGE NAME _____ (if different)

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: (Required) _____

SCHOOL, UNIVERSITY, MISSION OR COMPANY AFFILIATION: _____

Registration Fees:

___ Members \$65.00	Qty.: ___
___ Non-Members \$85.00	Qty.: ___
___ Students (with ID) \$35.00	Qty.: ___
___ Registration after 1/31 \$85.00	Qty.: ___
Total: \$ _____	

Free CMF and Docent-Guided Tours Sign-up

Tour of Mission San Juan Bautista and surrounding historical sites

Please select one and list quantity:

___ Friday Tour; Qty.: ___

___ Sunday Tour; Qty.: ___

___ **Yes, I will attend the Friday, 1st Annual California Missions Institute,** ___ Quantity

CONFERENCE MEALS

Box lunch consists of: 1 Sandwich of your choice, garden salad, chips and whole fruit
 Pozole meal consists of 1 bowl of pozole (traditional pork or vegetarian), traditional garnishes and tostadas
 Tamale plate consist of 1 tamale (traditional pork or vegetarian), garden salad and frijoles puercos (Sinaloa, Mexico-style beans)

Friday Lunch \$15.00, please mark your selection:

___ Chicken Sandwich	Qty.: ___
___ Ham Sandwich	Qty.: ___
___ Vegetarian Sandwich	Qty.: ___
___ Traditional Pork Pozole	Qty.: ___
___ Vegetarian Pozole,	Qty.: ___
___ Traditional Pork Tamale Plate	Qty.: ___
___ Vegetarian Tamale Plate	Qty.: ___
Total: \$ _____	

Saturday Lunch \$15.00, please mark your selection:

___ Chicken Sandwich	Qty.: ___
___ Ham Sandwich	Qty.: ___
___ Vegetarian Sandwich	Qty.: ___
___ Traditional Pork Pozole	Qty.: ___
___ Vegetarian Pozole,	Qty.: ___
___ Traditional Pork Tamale Plate	Qty.: ___
___ Vegetarian Tamale Plate	Qty.: ___
Total: \$ _____	

Friday Hosted Reception, free with Conference Registration, \$15 for non-conference registrants

___ Yes, I will attend _____ Guests

Saturday Banquet Dinner \$50.00 includes tax and gratuity

No Host Beverages, complimentary wine while it lasts

___ Quantity Total \$ _____

Payment by check, please make checks payable to "California Missions Foundation".

Payments on site at Conference must be paid with cash or check.

Grand Total: \$ _____

If you prefer Payment by Visa, MasterCard or AmEx, you may visit store.californiamissionsfoundation.org or you may complete the following: VISA MasterCard AmEx, Name on Credit Card (please print clearly) _____

Credit Card #: _____ Expiration date: _____ Amount \$ _____

Billing Address _____ Signature _____

REFUND POLICY: Refunds, less a \$15 handling fee, will be given if requested in writing before January 15, 2016.

PLEASE MAIL COMPLETED REGISTRATION FORMS TO:
 2016 CALIFORNIA MISSIONS CONFERENCE, P.O. Box 23035, Santa Barbara, CA 93121
 Questions? Please email: Conference@californiamissionsfoundations.org