Your registration payment ($390 via PayPal or discounted to $370 for check/money order payments) for **CJCI CONVENTION 2017** to be held **Oct. 20-22** at the **Radisson Hotel Providence Airport**, includes meals Friday evening through Sunday morning, admission to our Saturday show and sale, and admittance to all educational workshops planned for the group. If you would like a six-foot table (*half or the entire table*) for the Saturday Show and Sale, there will be an additional fee of $30. **Registration deadline extended to Sept. 15, 2017.**

You will be sent a follow-up email (or note via U.S. mail if no email address is provided below) confirming your registration within 2 weeks of receipt of payment. Expect to receive an information packet 2-3 weeks prior to the event providing more details about our convention plans and special instructions that will be helpful to you as an attendee.

**Name(s)** *(as you would like shown on nametag)***:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING AS COMPLETELY AS POSSIBLE:**

* Will you need a display table for the Saturday show and sale (add $30 fee below)? NO HALF ONE (please circle one)
* If HALF is selected, do you have a friend in mind to share with? List name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am planning on staying at the convention hotel \_\_­\_\_\_\_\_\_ nights (fill in the number of nights – mark n/a if not applicable)
* Name on hotel reservation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roommate’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **First-time attendees:** Would you like to be included in activities for first-timers? YES NO (please circle one)
* **Experienced attendees:** Would you like to serve on our Welcoming Committee to assist during activities planned for our first-time attendees? YES NO (please circle one)
* **Do you have dietary restrictions?** Please indicate: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT CALCULATION**

 **CJCI Convention 2017 Registration Payments:** \_\_\_\_\_\_ x $370 = \_\_\_\_\_\_\_\_\_\_\_\_

 **Table for Saturday Show** (*Half or whole table – one per registered attendee*): \_\_\_\_\_\_ x $ 30 = \_\_\_\_\_\_\_\_\_\_\_\_

 **Donation to CJCI General Fund** (*not tax deductible*): **\_\_\_\_\_\_\_\_\_\_\_\_**

 **Total Enclosed:** \_\_\_\_\_\_\_\_\_\_\_\_

**If you are paying by check/money order**, please mail this form with your check made payable to CJCI to the address shown above. Please make a copy of this form for your records before mailing.

**If you are paying via PayPal,** visit <http://www.costumejewelrycollectors.com> to make your payment. Please return this form via U.S. mail to the address shown above or scan and email to melinda@costumejewelrycollectors.com. *Your PayPal registration will not be deemed complete until we receive your form.*