



**CALIFORNIA STATE FEDERATION OF CHAPTERS
NARFE BIENNIAL CONVENTION
Crowne Plaza Hotel, San Diego, CA, April 24-25, 2019
CHAPTER REGISTRATION FORM**



CHAPTER NAME _____ NO. _____ DISTRICT # _____
 CHAPTER SECRETARY _____ DATE _____
 ADDRESS _____
 PHONE _____ E-MAIL _____

A. VOTING REPRESENTATIVE

The following Registered Delegate, who is a member in good standing of this Chapter, is hereby designated as the Chapter's voting representative for the 2019 CSFC Convention and is authorized to cast this Chapter's votes when there is a written ballot.

 (First Name) (Middle Initial) (Last Name) (NARFE Membership Number)

To be annotated by Federation Secretary ONLY: No. of Authorized Chapter Votes _____

B. PROXY VOTE

If no member from this Chapter will attend convention, the member assigned below is authorized to represent this Chapter. If only one member from this chapter will attend, this chapter may consider a proxy assignment in case of unforeseen circumstances.

 (Name of Proxy Nominee) (Membership No.) (Chapter No.)

Signature of Authorizing Chapter Officer _____
to be annotated by Federation Secretary ONLY: No. of Authorized Chapter Votes _____

NOTE: No additional registration fee is required for a Proxy, as they are already a delegate from another chapter.

DISTRIBUTION: Page 1 & 2 constitute the Registration Form. Additional copies of page 2 may be made as necessary to record all persons attending the convention.

Chapter Secretaries: Make two (2) copies of this form; retain one for Chapter Files:

Mail one (1) copy to the Convention Host Committee Treasurer and keep one (1) copy for your chapter.

Make check out to "NARFE" and mail to:
**Convention Host Committee Treasurer
 Barbara Leetch
 10331 Settle Road
 Santee, CA 92071-1025**

REGISTRATION FORM SHOULD BE RECEIVED NO LATER THAN APRIL 8, 2019

CHAPTER REGISTRATION FORM (Continued)

NARFE ID # _____ NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

CHAPTER NAME _____ NO. _____ DISTRICT # _____

Please Check: Delegate ___ Alternate Delegate ___ Delegate at Large ___ First Time Convention Attendee ___

Active Federal Employee ___ National Only Member ___ Visitor ___ Guest (Meals Only) ___

REGISTRATION: \$40.00 (\$50.00) if received after April 8, 2019; **REGISTRATION AMOUNT:** _____

Menu Selections:

Plated Luncheon: - Cost \$35 each

Served with Caesar Salad, Market Vegetables, Herbed Rice Pilaf, Rolls and Butter; Coffee or Tea and New York Cheesecake for dessert with your choice of one of the following entrees:

- L01 – Smoked chicken & Penne Pasta with sun-dried tomatoes, feta cheese and basil cream sauce
- L02 – Lemon Thyme Roasted Pork Loin, with apple Courvoisier sauce
- L03 – Grilled Sesame Crusted Salmon, with mild wasabi cream sauce
- L04 – Vegetarian Plate

The Federation will cover the cost of the Recognition Luncheon for all Federation Past Presidents and spouse/guest.

LUNCH (Check One): L01 ___ L02 ___ L03 ___ L04 ___ **LUNCH AMOUNT:** _____

Special Meal considerations should be listed on the back of this form.

Plated Banquet Dinner: - Cost \$45 each

Served with Tossed Green Salad, Fresh Seasonal Vegetables, Garlic Mashed Potatoes, Rolls and Butter, Coffee or Tea and Carrot Cake for dessert with your choice of one of the following entrees:

- B05 – Marinated Flank Steak, thinly sliced, topped with peppercorn sauce
- B06 – Grilled Chicken Breast, topped with lemon caper cream sauce
- B07 – Baked Mahi-Mahi, with mango cream sauce
- B08 – Vegetarian – Portobello Mushroom Ravioli, with sautéed shallots & Garlic, topped with Marinara Sauce, served with seasonal vegetables.

BANQUET (Check One): B-05 ___ B06 ___ B07 ___ B08 ___ **BANQUET AMOUNT:** _____

Special Meal considerations should be listed on the back of this form.

**** Registration Fee is Non-Refundable** and required for attendance at any convention business session; waived for Guest attending Luncheon or Banquet **ONLY**.

All requests for Meal Refunds MUST be received no later than April 12, 2019.

TOTAL AMOUNT ENCLOSED (PER MEMBER): \$ _____

Payment Included in Chapter Check # _____ Dated _____; **OR** Personal Check # _____ Dated _____

Note: Please provide this form for each member attending the convention.