

26th Annual Spring Conference Registration Form**Dolce Seaview, Galloway Township, NJ | April 26-27, 2010****INSTRUCTIONS:** Please complete all information on this registration form. If needed, the form may be photocopied for additional registrations. The form must be complete, with payment option selected, and for registrants from a non-member company full payment must be included with form. Submit a separate form for each registrant, including groups. *(Please print clearly).*

Last Name

First Name

Title

Company/Organization

Address

City

State

ZipCode

Telephone

E-Mail

First Name/Nickname for Badge

Spouse's Name (If Attending)

REGULAR CONFERENCE REGISTRATION

	Member	Non-Member
Early (payment received by or on Feb. 22)	\$365	\$400
Standard	\$385	\$450

GROUP REGISTRATION (4 or more from same company – Member Only Special. To guarantee Group Rate all registration forms must be received together – payment may be sent individually. For more information contact Eileen Domanico or Elvin Montero at 609-392-4214)

	Member
Standard (Member Companies Only)	\$350

DAILY REGISTRATION

	Member	Non-Member
Monday Only – April 26	\$340	\$400
Tuesday Only – April 27	\$150	\$190
Spouse	\$165	\$165

APRIL 26 DINNER RECEPTION FOOD SELECTION*If you plan on joining us the evening of Monday, April 26, 2010 for the dinner reception, please select your main course preference.*
 Beef Fish Chicken
PAYMENT INFORMATIONRegistration fees include all meal functions and program events pertaining to that particular day or days. The registration fee **does not** include your hotel accommodations cost or golf. CCNJ has reserved a block of rooms for a special rate at the Seaview; contact the hotel directly at 609.652.1800 or 1.800.983.6523 to reserve your room.**Cancellations received on or before Friday, April 16, 2010 will receive a full refund less \$30 processing fee. If you cancel after April 16, 2010 or do not attend, you will be responsible for full payment. Substitution of attendees may be made at any time. If you selected the Group Rate and if cancellations within your group bring your total below 4, you will be responsible for the difference and charged the regular rate.**

The CCNJ Annual Spring Conference is promoted as a member company event. Invitations may be extended by CCNJ and other member companies to individuals who may be interested in attending. Associate level non-member companies are invited to consider supporting the conference through sponsorships, advertising, and/or exhibiting, as well, any non-member company wishing to participate as an attendee or sponsor should contact Elvin Montero or Eileen Domanico at 609.392.4214.

Registration Total: \$ _____
 Check Enclosed : Payable to Chemistry Council of New Jersey Payment Forthcoming Invoice Me (Member Only)

 Credit Card: [] Visa [] American Express [] Master Card **[Please note a 4% convenience fee will be added to payments made with a credit card]**

Credit Card Number

Security Code

Exp. Date

Billing Address (If different than address above). Street, City, State, Zip code

Signature

*I agree to pay the total amount indicated, plus 4% convenience fee according to the card issuers' agreement.***FAX | MAILING INFORMATION**

Complete and return the registration form to: CCNJ, 150 W. State Street, Trenton, NJ 08608 or fax to 609.392.4816

HOTEL RESERVATION INFORMATION

A block of rooms are reserved at a special rate for the nights of Sunday, April 25 and Monday, April 26 for CCNJ Spring Conference Attendees. Please call 800.983.6523 or 609.652.1800 to guarantee the special rate by March 26, 2010.

ADDITIONAL GROUP REGISTRANTS

Last Name		First Name	
Title			
Company/Organization			
Address			
City		State	ZipCode
Telephone		E-Mail	
First Name/Nickname for Badge		Spouse's Name (If Attending)	

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Beef Fish Chicken

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