

**PUBLISHERS' ROUND TABLE MEETING  
ATTENDANCE REPLY FORM  
SHERATON GRAND SACRAMENTO  
September 29 – October 1, 2006  
SACRAMENTO, CALIFORNIA**

NAME \_\_\_\_\_ MAGAZINE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

I WILL \_\_\_\_\_ WILL NOT \_\_\_\_\_ attend the Publisher's Round Table Sept. 29 – Oct. 1, 2006.

I HAVE \_\_\_\_\_ HAVE NOT \_\_\_\_\_ reserved a room at Sheraton Grand Sacramento Hotel.

Call 916/447-1700 by Aug. 28, 2006 for a room at discounted rate of \$139 (single/double)

\_\_\_\_\_ My payment of the \$325 registration for the first member participant is enclosed. \$ \_\_\_\_\_

\_\_\_\_\_ Also enclosed is \$225 per person for \_\_\_\_\_ additional member participants. \$ \_\_\_\_\_

Participant Name(s) \_\_\_\_\_

**\*\*\*All participants MUST be owners, principals or publishers of member magazines or be Associate members participating as event sponsors.**

**\*\*\*Associate members desiring sponsorship contact Jim Dowden at [jdowden@prodigy.net](mailto:jdowden@prodigy.net).**

**\*\*\*No non members may attend.**

NAME(S) \_\_\_\_\_

**OOPS! I missed the August 28<sup>th</sup> deadline---additional fee of \$50 per person.** \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

All registrations must be prepaid. Provide full information for credit card charges.

\_\_\_\_\_ Check Enclosed      Charge my \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

CARD # \_\_\_\_\_ Expire Date \_\_\_\_\_

Print Name on Card \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

**\*\*\*Cancellation Policy: Written cancellations received up to 1 week prior to the event will be assessed a \$35 cancellation fee.**

**Written cancellations received less than 1 week prior to the scheduled event will be assessed a \$100 cancellation fee. No refunds for cancellations received after September 27th.**

PLEASE RETURN TO: CRMA

4929 Wilshire Blvd., #428  
Los Angeles, CA 90010  
FAX: 323/937-0959

**PLEASE RETURN THIS FORM BY August 28, 2006 to avoid the late fee.**