

POWA Spring Conference / May 3-6, 2018 / Franklin, PA

Name _____ () Member () First POWA conference?

Phone _____ Email _____

() Supporting Member, Company Name _____

() Spouse Name _____ () Guest Name _____

REGISTRATION:

Cost X # persons = Total Fee

Cost is \$30 for each individual (Due by April 21)\$30.00 x _____ = \$ _____

(Cost is \$40 for each individual *after* April 21)\$40.00 x _____ = \$ _____

Supporting Member Company or Organization Breakout Fee..... = _ N/C _

REGISTRATION SUBTOTAL = \$ _____

ALL ATTENDEES PAY REGISTRATION FEES, including spouses/guests.

Exception: Spouses/Guests attending banquet only.

MEALS:

FILL OUT NUMBER OF PERSONS.....# persons = Total Fee

FRIDAY, May 4

Barbecue Dinner – Sponsored by the National Rifle Association = _ N/C _

SATURDAY, May 5

Lunch at Breakout (*sponsor is pending; if sponsored, you will receive a refund on site*) \$12.00 x _____ = \$ _____

Dinner at Awards Banquet – Sponsored by the National Shooting Sports Foundation..... = _ N/C _

MEAL TOTAL \$ _____

Guests (not spouses) must pay for sponsored meals – Friday BBQ ; Sat. Lunch and Awards Banquet | Please note any dietary restrictions

ACTIVITIES:

\$20 REFUNDABLE DEPOSIT REQUIRED FOR EACH ACTIVITY (Fee returned after attending activity)

FRIDAY, May 4 # Attendees = (x\$20)

Escorted Wade Fishing on French Creek (*First 2 members; AM trip*) = \$ _____

Improving Photos Taken on Cell Phone (*Unlimited; AM program*) = \$ _____

Escorted Smallmouth Fishing from Jetboats on Allegheny River (*First 4 members; Full Day*)... = \$ _____

Escorted Spouses Tea and Tours of B&Bs (*Unlimited; PM program*)..... = \$ _____

Observe Controlled Burn at Gameland #39 (*Unlimited; PM program*)..... = \$ _____

Escorted Wade Fishing on French Creek (*First 2 members; PM trip*)..... = \$ _____

Escorted Hike to Waterfalls within Oil Creek State Park (*First 10 members; PM program*) = \$ _____

SATURDAY, May 5

Spouses/guests Craft session making greeting cards (*AM program*)..... = \$ _____

SUBTOTAL ACTIVITY DEPOSITS..... = \$ _____

GRAND TOTAL (*registrations + meals + activity deposits*) **Enclose full amount/no partial payment** \$ _____

Make check payable to POWA., or send MasterCard/Visa #: _____ Exp. Date: _____

Security/CPC Number: _____ Card Zip Code: _____

Send Registration Form and check or credit card info to:

Dennis Scharadin, POWA, P. O. Box 221, Summit Station, PA 17979-9800