



# Registration/Ticket Add Form

This form can be used to add sessions to your registration for the show.  
**All additions must be received by July 23, 2009 by 4:30 p.m., E.D.T.**

August 6-9, 2009

Buffalo Niagara Convention Center – Buffalo, NY

## 1 REGISTRATION INFORMATION

Registrant's Name \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail \_\_\_\_\_ @ \_\_\_\_\_

## 2 REQUESTED ADDITIONS

Add	Registration Option	Class Title	Price	Enter Total
			Mbr/Non-Mbr	
<input type="checkbox"/>	Admission Friday	\$8 first day / \$5 each additional day	\$ Free/8	\$ _____
<input type="checkbox"/>	Admission Saturday	\$8 first day / \$5 each additional day	\$ Free/8	\$ _____
<input type="checkbox"/>	Admission Sunday	\$8 first day / \$5 each additional day	\$ Free/8	\$ _____
<input type="checkbox"/>	Professional Development Day	Wednesday	\$ 85/115	\$ _____
<input type="checkbox"/>	Professional Development Lunch	Wednesday	\$ 28	\$ _____
<input type="checkbox"/>	Shopping Preview	Thursday – Ticket Required (pre-registered attendees ONLY)	N/C	\$ N/C
<input type="checkbox"/>	TKGA Pizza Party	Friday – TKGA Member Mtg/Pizza Party/Show & Share	\$ 25/35	\$ _____
<input type="checkbox"/>	CGOA Chapter Coffee	Friday – Ticket Required (limit 2 per Chapter)	N/C	\$ N/C
		Chapter Name: _____		
<input type="checkbox"/>	Saturday Dinner/Fashion Show	Saturday – also Silent Auction	\$ 45/55	\$ _____
<input type="checkbox"/>	Class # _____	_____	\$ _____	\$ _____
<input type="checkbox"/>	Class # _____	_____	\$ _____	\$ _____
<input type="checkbox"/>	Class # _____	_____	\$ _____	\$ _____
<input type="checkbox"/>	Class # _____	_____	\$ _____	\$ _____
<input type="checkbox"/>	Class # _____	_____	\$ _____	\$ _____

\*USE THIS CHART TO PRICE CLASS ADDITIONS ABOVE

CLASS FEES	3 HRS	6 HRS	9 HRS	12 HRS	15 HRS	18 HRS	21 HRS	24 HRS
MEMBER	\$75	\$150	\$225	\$290	\$345	\$390	\$420	\$440
NON-MEMBER	\$95	\$190	\$285	\$350	\$405	\$450	\$480	\$500

## 3 METHOD OF PAYMENT (Payment due at time of order.)

- Company Check      Cashier's Check/Money Order (Make check payable to Offinger Management Co.)  
 Debit Card      Credit Card      American Express    Discover    MasterCard    VISA

All payments in U.S. funds drawn on U.S. banks. \$25 fee charged for returned checks.     Amt. to be charged \$ \_\_\_\_\_  
 Credit Card Account # \_\_\_\_\_     Exp. Date \_\_\_\_\_  
 Cardholder's Name (Print) \_\_\_\_\_     Authorized Signature \_\_\_\_\_

## 4 PLEASE SIGN FORM

**NO REFUNDS OR EXCHANGES FOR ADMISSION TICKETS, CLASSES, OR OTHER TICKETED SESSIONS AT ANY KNIT & CROCHET SHOW.** Offinger Management Co. will issue check overpayments at the Show site. They must be picked up at the registration counter or be forfeited. No refunds will be issued for coupons or discounts. Refunds will not be issued based on perceived quality of the class or Event. I confirm that all information and credentials provided herein are true and accurate and I agree to all Show policies and regulations. I hereby release Offinger Management Co., sponsors, its officers, agents and employees from any and all liability, claims, lawsuits, damages, losses, costs, and expenses of any kind which arise out of or result from my attendance at the Knit & Crochet Show, whether or not foreseeable, including without limitation, personal injuries to me or my invitees. With my attendance at this Event, I realize that I and/or my products may be included in publicity photos. I hereby give my consent to the Event's producers to use any photos and/or comments in future promotional materials.

**PLEASE SIGN NAME**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 5 RETURN THIS FORM

Complete and mail or fax to:  
**Knit & Crochet Show**  
 1100-H Brandywine Blvd.  
 Zanesville OH USA 43701-7303  
 PH: 740-452-4541 • Fax: 740-452-2552

FOR OFFICE USE ONLY	
Rcvd _____	Amt _____
Ck# _____	Ackd _____