



# Convention Registration Form

## 32<sup>nd</sup> Annual California Hawaii NAACP State Convention

*“Our Vote is Our Power - Use It”*

**OCTOBER 24-27, 2019**

**Los Angeles Airport Marriott - 5855 W Century Blvd. - Los Angeles, CA 90045**

### Section 1 - CONTACT INFORMATION

(Please provide the name and contact information of the person responsible for advance registration package pickup.)  
**NOTE: THIS PERSON MUST BE LISTED AS A PAID REGISTRANT ON THIS FORM.**

Registering Person: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2 - REGISTRANT LISTING

REGISTRANT LISTING									
Name (Last, First, MI)	ADULT (A)	YOUTH (Y)	VOTING	ALTERNATE	OBSERVER	PRESIDENT	VICE PRES.	TREASURER	SECRETARY
* = Registering Person Responsible For Advance Registration Package Pick-Up									
*									

Please Fax Completed Forms & Remit Payment (Postmarked By September 30, 2019)  
 To: California Hawaii State NAACP  
 1215 K Street, Suite 1609 Sacramento, CA 95814  
 Phone: 916.498.1898 Fax: 916.498.1895

**PLEASE DO NOT MAIL, FAX OR EMAIL FORMS AFTER SEPTEMBER 30, 2019**

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## HOTEL INFORMATION

Hotel reservations must be made directly with the Los Angeles Airport Marriott, 5855 W Century Blvd. Los Angeles, CA 90045. (Hotel Phone:310-641-5700) Room rates are \$153.00 per night, plus 14.5% tax rate and tourism assessment fee per night. For more information, contact the California Hawaii State NAACP office, or visit: [www.ca-naacp.org](http://www.ca-naacp.org).

### Section 3 – REGISTRATION & TICKET ORDERS

REGISTRATION PACKAGE ORDER	QUANTITY	AMOUNT	LINE ITEM TOTAL
<b>ADULT – In Advance (Before September 30, 2019)</b> <i>Includes Breakfast, Lunch and Dinner on Friday/Saturday. Breakfast on Sunday.</i>		<b>\$250.00</b>	
<b>ADULT – On Site (After September 30, 2019)</b> <i>Includes Breakfast, Lunch and Dinner on Friday/Saturday. Breakfast on Sunday.</i>		<b>\$300.00</b>	
<b>YOUTH – In Advance (Before September 30, 2019)</b> Limits Apply <i>Includes Breakfast, Lunch and Dinner on Friday/Saturday. Breakfast on Sunday.</i>		<b>\$15.00</b>	
<b>YOUTH – On Site (After September 30, 2019)</b> Limits Apply <i>Includes Breakfast, Lunch and Dinner on Friday/Saturday. Breakfast on Sunday.</i>		<b>\$25.00</b>	
<b>ADULT – On Site (No Meals)</b>		<b>\$75.00</b>	
<b>TICKET ORDERS</b> – Do not include tickets from package orders here.			
<b>HEALTH BREAKFAST - Friday</b>		<b>\$30.00</b>	
<b>LABOR LUNCHEON - Friday</b>		<b>\$50.00</b>	
<b>YOUTH FOCUS DINNER - Friday</b>		<b>\$85.00</b>	
<b>POLITICAL BREAKFAST - Saturday</b>		<b>\$30.00</b>	
<b>ANNUAL POLITICAL LUNCHEON - Saturday</b>		<b>\$50.00</b>	
<b>ANNUAL AWARDS DINNER - Saturday</b>		<b>\$85.00</b>	
<b>RELIGIOUS BREAKFAST - Sunday</b>		<b>\$30.00</b>	
<b>TOTAL REGISTRATION &amp; TICKET PURCHASE AMOUNT</b>			<b>\$</b>

### Section 4 – PAYMENT METHOD

#### CREDIT CARD AND/OR CHECK PAYMENT AND AUTHORIZATION

**I hereby authorize the California Hawaii State Conference of the NAACP to charge my credit card for the confirmed Registration Order as selected.**

<b>Method Of Payment:</b>	<input type="checkbox"/> Check/Money Order \$ _____ (Amount Enclosed) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<b>Credit Card Payment Amount:</b>	\$ _____ (Total Amount Of Authorized Charges)
<b>Card Holder's Name:</b>	_____
<b>Card Holder's Billing Address:</b>	_____
<b>Credit Card Number:</b>	_____ CVV CODE _____
<b>Expiration Date:</b>	_____
<b>Card Holder's Signature:</b>	_____

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