

Attendee Registration



For secure payment processing, please consider registering online at www.petroshow.com/register.

Full Name: _____ Company Name: _____
 Spouse Name (if attending): _____ Job Title: _____
 Email: _____ Address: _____
 Phone: _____ City/State/Zip: _____

- CLASSIFICATION:** Associate (Consultant, Insurance, Service Provider, etc.) Association Common Carrier Construction Government
 Lube Oil / Oil Heat Manufacturer Press Refiner / Broker Retailer (C-Store Only) Retailer / Petroleum Marketer (C-Store and wholesale dist.)
 Speaker Tank Manufacturing/Parts/Repair Wholesale Distributor/Petroleum Marketer

Full Conference Registration Fees

CF CA	<input type="checkbox"/> CFC Member Price - \$315	BEFORE AUGUST 13	<input type="checkbox"/> Registrant - \$450	AFTER AUGUST 13	<input type="checkbox"/> Registrant - \$550
	<input type="checkbox"/> Spouse - \$100		<input type="checkbox"/> Spouse - \$100		<input type="checkbox"/> Spouse - \$125

One-Day Full Conference Registration Fees

	TUESDAY	WEDNESDAY	THURSDAY
BEFORE AUGUST 13	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
AFTER AUGUST 13	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275	<input type="checkbox"/> \$275

One-Day Trade Show ONLY Registration Fees

WEDNESDAY (11a-5p)	THURSDAY (10a-1p)
<input type="checkbox"/> \$150	<input type="checkbox"/> \$100

Total Conference Fees

Conference Reg.	Bowling	Casino Night	Prayer Breakfast
\$ _____	\$ _____	\$ _____	\$ _____

TOTAL CHARGES: \$ _____

Events

BOWLING (9/9)

- Spectator - \$80*
 Bowler - \$150*
Additional Bowling Participants
 - 6 per lane -

(Self)

CASINO NIGHT (9/7)

- Casino Night Player - \$100*
 Poker Tournament Player - \$100*
Additional Poker Participants
 - 9 per table -

(Self)

* = Price per participant

PRAYER BREAKFAST (9/9) - \$50 - Qty: _____

Payment

- Check Enclosed** VISA MasterCard American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date (MM/YY): _____ CVC Code: _____

Billing Address: _____

Billing State / Zip Code: _____

Signature of Cardholder / Authorized User: _____

Name of Signee (if different from above): _____

** Please make checks payable to PFCS.

Please mail all forms and checks to: Pacific Fuels and Convenience Summit, 2520 Venture Oaks Way, Suite 100, Sacramento, CA 95833
 To submit forms by fax, you may do so using the following fax number: (916) 646-5985

NOTE: PFCS reviews all registration forms and will adjust "Total Charges" if found in error. **CANCELLATION/REFUND POLICY:** Cancellations must be received in writing no later than September 3, 2021 to receive a refund. All refunds will be subject to a 25% cancellation fee, which will be deducted from all refund checks. Refunds will be processed within six weeks from the close of the event. **NO SUITCASING:** PFCS strictly enforces a no suitcasing policy. To read more about this policy, please visit www.petroshow.com/policies **NO LIABILITY AND SOLE DISCRETION POLICIES:** Available to view at www.petroshow.com/policies