



# Patrolling—Living the Dream

**PNWD 2019 Convention**  
**August 9-11, 2019**  
**Eugene, Oregon**

**Convention Registration**  
Checks Payable To: **PNWD 2019 Convention**

**ONE FORM PER PATROLLER**  
Send form and payment to:  
PNWD 2019 Convention  
960 Sunmist Ct. SE  
Salem, OR 97306

For hotel online reservation [Click Here](#)

**Hotel Reservations**  
Valley River Inn  
1000 Valley River Way  
Eugene, OR 97401  
1-800-543-8266 or 541-743-1000

**Ask for: 2019 PNWD Ski Patrol Convention**  
Cutoff Date: July 16, 2019  
Room Rates: Queen - Queen \$110  
**Any reservation canceled within 3 days of arrival will be charged one night's room and tax.**

Name \_\_\_\_\_ Patrol \_\_\_\_\_  
NSP # \_\_\_\_\_ Region \_\_\_\_\_  
National/LCA Appt. Number \_\_\_\_\_ Office/Title / Level \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Spouse/Guest \_\_\_\_\_

	Quantity	Cost	Amount
<b>First Time</b> patroller attending Convention _____		<b>\$ 25.00</b>	_____
Registration - until 7/20/19 _____		<b>\$ 55.00</b>	_____
<b>Late Registration 7/21/19 and after</b> <b>(No guarantee of meals for late registrants)</b> _____		<b>\$ 75.00</b>	_____
Friday Dinner _____		<b>\$ 24.00</b> per person	_____
Saturday Breakfast _____		<b>\$ 19.00</b> per person	_____
Saturday Lunch _____		<b>\$ 20.00</b> per person	_____
Saturday Banquet _____		<b>\$ 38.00</b> per person	_____
<b>Choose one entrée for each person</b>			
Beef _____ Chicken _____ Salmon _____ Vegetarian _____			
Sunday Breakfast _____		<b>\$ 19.00</b> per person	_____
Other:			
Patrol Director Training (PD 101) – Friday Morning _____		<b>\$ 0</b>	_____
Education Program <b>TBA</b> – Friday _____		<b>\$ TBA</b>	_____
<b>Total</b>			_____

There will be morning meetings for Program Advisors on Saturday then Patrol Directors on Sunday, during the breakfast time.

I (my family) am (is) interested in the following extra activities \_\_\_\_\_

**Payment:**     **Check #** \_\_\_\_\_     **Credit Card** (Credit card transactions will be processed after 5/1/19)

Type: \_\_\_\_\_ Acct # \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 digit Security (CVV) Code # \_\_\_\_\_

Credit Card Billing Zipcode : \_\_\_\_\_ **Do Not Email Credit Card info – Use US Postal only**

Card Holder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

For more information: [www.pnwdcon.org](http://www.pnwdcon.org)    Questions: Anne Greenwood, [greenwoods@centurylink.net](mailto:greenwoods@centurylink.net)