



# CPE Fall 2018

Sheraton Music City, Nashville, TN  
September 9 –11, 2018

## Author Registration Form

**Registration Info:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Badge Info:** (Please print clearly)

Author Name \_\_\_\_\_

Additional attendee/guest badge name \_\_\_\_\_

**Ticketed Meals**

_____ x \$ 60 = _____	Sunday Dinner	_____ x \$ 25 = _____	Tuesday Breakfast
_____ x \$ 25 = _____	Monday Breakfast	_____ x \$ 55 = _____	Tuesday Lunch
_____ x \$ 55 = _____	Monday Lunch		
_____ x \$ 60 = _____	Monday Dinner		

**TOTAL Purchase** \$ \_\_\_\_\_ (please attach separate credit card authorization form)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*In signing, I understand that the amount indicated will be charged to the credit card given at the time of submission. This fee is only refundable if cancelled before August 27, 2018.*

**NOTES:** \_\_\_\_\_  
(Please note any special dietary requirements—please be specific)

**IF YOU ARE INTERESTED IN PARTICIPATING IN THE PERSONALITY PARTY ON SUNDAY, SEPTEMBER 9, 2018 YOU MUST COMPLETE THE APPLICATION PROCESS.** See [cpeshow.com](http://cpeshow.com) for details, go to the Fall Show 2018/Author page and click on Personality Party.

To complete your registration fax this form to 855-815-9277 or email to [service@munce.com](mailto:service@munce.com).  
For more information call 800-868-4388 or visit [www.CPEshow.com](http://www.CPEshow.com).

**HOTEL RESERVATION INFO:**

Rep

**Sheraton Music City, 777 McGavock Pike, Nashville, TN 37214**  
**Rate: \$159 per night (single or double occupancy)**  
**Deadline: August 17, 2018** (Reserve by this date to ensure you get the negotiated rate)  
**Phone: Call 888-627-7060 and refer to group name “Christian Product Expo 2018”.**  
**Online: <https://www.starwoodmeeting.com/events/start.action?id=1801208349&key=2CD49B62>**

**Please reserve early as our room block typically sells out. Contact the Munce Group at 800.868.4388 if you have any problems with making your reservations.**

# Credit Card Payment Form

Order Code:

Date \_\_\_\_\_

Author Name (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Billing Address:

Name on Credit Card: \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

CC #: \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ CC Type: \_\_\_\_\_ CSV Code \_\_\_\_\_

**Amount to be charged \$** \_\_\_\_\_

Invoice # \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

**PLEASE NOTE: WE ADVISE AGAINST EMAILING CREDIT CARD INFORMATION!!**

