



2011 National Specialty Reservation Form

Registration Closing Date: Sept. 15

Reservation Name

Please complete this form, return via mail at the address listed on page 2.

Print a copy for additional people.

Name of Person #1 (First/Last)		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Name of Person #2 (First/Last)		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Address		City/State/Zip	
E-Mail			

Dinners

Awards Banquet (\$40 per dinner)

Please fill in the following with # people requesting each meal:

_____ Sole _____ Chicken Cordon Bleu _____ 10oz. New York Steak _____ Vegetarian

Dinner(s) at \$40 per person

Buffet(s) at \$23 per person

Auction Dinner-Italian Buffet (\$23 per person)

\$
SUB-TOTAL

Seminars

Grooming Seminar (\$50 per participant or \$40 per observer)

Seating at \$50 per person

Person #1	Person #2
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Health Education (Lunch included \$12 per person)

Seating at \$12 per person

Person #1	Person #2
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Carting Seminar (Free)

Attendees at no charge

Person #1	Person #2
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Rally Seminar (Free)

Attendees at No Charge

Person #1	Person #2
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\$
SUB-TOTAL

Reservation Name: Person #1 (continued from page 1)

RV

RV Reservations (Pre-Reserved \$40 per night/\$50 at event)

Sun Mon Tues Weds Thurs Fri Sat

\$
SUB-TOTAL

_____|_____|_____| Yes No
Licence Plate # RV Make & Length Trailer W/Vehicle Total Length Tow Vehicle

(Note: Due to the Incredible Dog Challenge, no motorhomes will be allowed at Purina until Sunday, October 1 at Noon)

Misc.

Grooming Space (\$40 per space for week)

Grooming \$40 per person

_____| Yes No
No. of 10x 10 Spaces Request multi-person set up? If yes, please list name(s)

Un-Marked Marked

Catalog: Pre-Paid (\$12 Un-Marked/\$20 Marked)

Seats \$10 per chair

Reserved Ringside Seating (\$10 each)
Proceeds benefit the Bouvier Health Foundation

CGC (\$15 per Bouvier, hosted by Northern Illinois Bouvier des Flandres Club)

CGC \$15 per person

_____|_____
Dog #1 Name Dog #2 Name

TDI (\$15 per Bouvier, hosted by Northern Illinois Bouvier des Flandres Club)

TDI \$15 per person

_____|_____
Dog #1 Name Dog #2 Name

\$
SUB-TOTAL

Completed Form

Please make check payable to: ABdFC
Mail to: Penny Anderson: 727 Joyce Street, Livermore, CA 94550

\$
TOTAL ENCLOSED

For Administrative Use Only

_____|#| \$ | Yes
Received Date Check Number Amount Forward to Treasurer