

Mega-Atlantic Porcelain Convention & Exhibition

2018 IPAT Registration Form

August 12-18, 2018

IPAT Biennial Convention & School



Last Name (Surname, Family Name, 姓): _____

First Name (Names, Christian Name, 名字): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____ Phone: _____

Email: _____ On Facebook: Yes / No

CHECK if you are an IPAT Member: ___ Guest: ___ Booth Holder ___ Board Member/Officer: ___

Registration Fees:

PRICE:

IPAT Members	Free	<input type="checkbox"/>
Non-Members	\$10.00	<input type="checkbox"/>

\$ _____

Hospitality Package: (Includes all of the following events, meals, & extras)

PRICE:

Three (3) Raffle Tickets, Hospitality Bag, Convention Program, Name Tag	All Included for \$345.00	<input type="checkbox"/>
Masters Cocktail Reception (Mon) & Guest Artists Cocktail Reception (Wed)		
Membership Luncheon ... <i>Circle One:</i> London Broil or Vegetarian		
Artist Auction Dinner ... <i>Circle One:</i> Breast of Chicken or Vegetarian		
Certification Breakfast ... <i>Circle One:</i> Eggs & Sausage or French Toast		
Grand Fiesta Banquet ... <i>Circle One:</i> Chicken Breast/Churrasco Steak or Vegetarian		

\$ _____

Individual Meals/Events

PRICE:

Masters Cocktail Reception (Mon)	\$25.00	<input type="checkbox"/>
Guest Artists Cocktail Reception (Wed)	\$35.00	<input type="checkbox"/>
Membership Luncheon ... <i>Circle One:</i> London Broil or Vegetarian	\$50.00	<input type="checkbox"/>
Artist Auction Dinner ... <i>Circle One:</i> Breast of Chicken or Vegetarian	\$90.00	<input type="checkbox"/>
Certification Breakfast ... <i>Circle One:</i> Eggs & Sausage or French Toast	\$45.00	<input type="checkbox"/>
Grand Fiesta Banquet ... <i>Circle One:</i> Chicken Breast/Churrasco Steak or Vegetarian	\$100.00	<input type="checkbox"/>

\$ _____

Payment Options:

Total Amount Due: \$ _____

Check/Money Order Payable to IPAT, Inc. Mail to: IPAT, Inc. P.O. Box 1807, Grapevine, TX 76099

MasterCard/Visa Account Number: _____ Exp. Date: _____

CVV Security Number (back of card): _____

Cardholder Name: _____

PayPal Check the appropriate box on the IPAT website <http://www.ipatinc.com/membership/html>

Email to ipattx@yahoo.com.

Phone 817.251.1185

Registration Use Only: Postmark Date: _____
Check #: _____