

85th Annual Meeting

November 9-11, 2005

The Davenport Hotel
10 South Post Street
Spokane, WA 99201

Tel: (509) 455-8888 • (800) 899-1482

www.thedavenporthotel.com

www.pnna.com



Registration for:

Newspaper or Company Name

Address

City, State, Zip

Telephone

Email

NAMES OF ATTENDEES	Full Package (Includes all meals)	Registration (Includes breakfasts and sessions)	Wednesday Reception	Thursday Blethen Awards Luncheon* (Circle One)	Thursday Gala Awards Dinner** (Circle One)	Total Per Person
	\$370	\$195	\$50	\$55 Tri-Tip or Chicken	\$70 Salmon or Pork Loin	
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<p>Full Package: Includes registration fee, receptions and breaks, Thursday and Friday breakfasts, and Thursday lunch and dinner. If you are not attending all meals and sessions, circle events to create a custom package for you or your guests.</p> <p>Special physical arrangements: Yes <input type="checkbox"/> No <input type="checkbox"/> If you require assistance, please contact the PNNA office.</p>						
<p>*Thursday lunch: Grilled tri-tip steak with wild mushroom demi sauce and onion frit or chicken breast filled with artichoke cream cheese, served with white wine tomato ragout.</p> <p>**Thursday dinner: Fresh salmon served with béarnaise sauce, crab, asparagus and a marinated artichoke heart garnish. Grilled pork loin chop with apple-brandy cream sauce and grilled apple slices.</p>						
<p>Vegetarian or special dietary requirements:</p>						
						Grand Total

Hotel Reservations

Call the hotel at (509) 455-8888 or (800) 899-1482.

PNNA's rate is \$130 standard, \$150 deluxe. The hotel will release our room block after Wednesday, October 12, 2005.

DEADLINES

Hotel Rooms: Wednesday, October 12, 2005

Registration: Wednesday, October 12, 2005

Refunds: Cancellation by special exception only.

Please return this form to:

Pacific Northwest Newspaper Association

1225 8th Street, Suite 260

Sacramento, CA 95814

Tel: 888.344.7662 • Fax: 916.288.6002

www.pnna.com

Questions? Email Jack Bates at jack@pnna.com.

Payment Enclosed: Check

Make check payable to: PNNA

AmEx MasterCard VISA Discover

Credit Card Number

Name on card

Expiration Date

Signature