

# IPNC 2009 REGISTRATION FORM - JULY 24 – 26, 2009

Join Master of Ceremonies **Jancis Robinson** and famed winemaker **François Millet** of Burgundy's historic *Domaine Comte Georges de Vogüé*, for a memorable weekend of tasting, dining, learning and celebrating with over 60 of the world's premier Pinot noir producers and 50 outstanding Northwest chefs.

## RETURN FORM TO:

**IPNC | PO Box 1310 | McMinnville, OR 97128**  
**Fax to 503-472-1785**

## REGISTRANT INFORMATION:

Please print all information carefully. Tickets are sold on a first-come, first-serve basis.

NAME: \_\_\_\_\_  
(All participants on this sheet will be registered under this name.)

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Consumer or Trade? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

REFERRAL NAME, COMPANY, & EMAIL (if applicable): \_\_\_\_\_

**Full Weekend Only** - Print each participant(s) name, business (*if industry related*), city and state exactly as you wish them to appear on name badge:

1. Name: \_\_\_\_\_ Business: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

2. Name: \_\_\_\_\_ Business: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

3. Name: \_\_\_\_\_ Business: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

4. Name: \_\_\_\_\_ Business: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

## Group Requests: (full weekend only):

To be placed in the same group as friends, please write in their names below or contact the IPNC prior to May 30<sup>th</sup>. You will receive a confirmation from IPNC that the request has been received.

## EVENT OPTIONS:

Please enter \_\_\_\_\_ persons at **\$975** each for the Full Weekend.

Please register \_\_\_\_\_ persons at **\$125** each for the Passport to Pinot.

*Please accept my donation to ¡Salud! in the amount of \$\_\_\_\_\_*

Total Enclosed: \$\_\_\_\_\_

CANCELLATION POLICY: Cancellations received after purchase date are charged a 25% fee. Cancellations after June 15 are non-refundable.

## PAYMENT OPTIONS: (Check one)

1. Please charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express  
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

2. \_\_\_ Enclosed is a check payable to the IPNC.

Upon receiving your registration, we will process your payment, and email you further details. Please allow two weeks for processing. Questions? Call 800.775.4762 or 503.472.8964, email [info@ipnc.org](mailto:info@ipnc.org), or visit our website [www.ipnc.org](http://www.ipnc.org).