

**Registration: 87<sup>th</sup> Annual Meeting of the GCFP**  
**Our Pennsylvania Tapestry: Putting the Pieces Together**  
**April 23-25, 2017**

Make a separate copy (both sides) for GCFP member/spouse/guest  
before completing **OR** get the form and detailed meal descriptions  
at [WWW.pagardenclubs.org](http://WWW.pagardenclubs.org).

Please **print** or **type** both pages and mail to:

**Linda Przybysz, Registrar Convention 2017**  
**978 Reading Avenue**  
**Boyertown, PA 19512-8490**  
Contact: [Lindaprzy2017@gmail.com](mailto:Lindaprzy2017@gmail.com)    **610-367-2637**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Preferred name on badge \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code + 4 \_\_\_\_\_

**Email address:** \_\_\_\_\_

**(Look for any messages and your confirmation at your email address)**

Garden Club(s) \_\_\_\_\_

Phone \_\_\_\_\_ District \_\_\_\_\_

**Check all credentials that apply:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> National President     | <input type="checkbox"/> Current GCFP Officer: | <input type="checkbox"/> GCFP Life Member       |
| <input type="checkbox"/> National Board Member  | (state office below)                           | <input type="checkbox"/> Flower Show Judge      |
| <input type="checkbox"/> CAR Director           | _____  | <input type="checkbox"/> Gardening Study Cons.  |
| <input type="checkbox"/> Car Board Member       | <input type="checkbox"/> Current GCFP Board:   | <input type="checkbox"/> Environmental Consult. |
| <input type="checkbox"/> State President        | (state position below)                         | <input type="checkbox"/> Landscape Design Cons. |
| <input type="checkbox"/> Former State President | _____  | <input type="checkbox"/> Garden Club Member     |
| <input type="checkbox"/> District Director      | <input type="checkbox"/> National Life Member  | <input type="checkbox"/> Spouse/ Guest          |
| <input type="checkbox"/> Club President         | <input type="checkbox"/> CAR Life Member       |   |

**ADVANCE REGISTRATION IS REQUIRED FOR ALL EVENTS**

**To register for a workshop you must also register for a meal that day.**  
**Tri-Refresher participants MUST register for meals and workshops**  
**as indicated on the separate Tri-Refresher registration form.**

Registration fee is **\$5.00** on if **postmarked** or before **March 29, 2017**

Fee for late registration is **\$25.00** if **postmarked** from **March 30 to April 3, 2017**.

There is no registration fee for Life Members through **March 29, 2017**

My State Life Member # is \_\_\_\_\_

On **March 30, 2017**, the late registration fee (**\$25.00**) applies to **ALL**.

Early Registration for GCFP members, spouses and guests is advised.

Registration closes **April 3, 2017** --- No refunds after **April 3, 2017**

**Please complete the next page to specify your choices and total your remittance payable to: "GCFP 2017 Convention".**

**PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR YOUR SPOUSE/GUEST**

If spouse/guest, name of Garden Club member sponsor \_\_\_\_\_

State Life Member postmarked on or before **March 29, 2017 - \$0.00** \_\_\_\_\_

State Life Member # \_\_\_\_\_ (yes, again)

All others postmarked on or before **March 29, 2017 - \$5.00** \_\_\_\_\_

All late registrations postmarked on or after **March 30, 2017 - \$25.00** \_\_\_\_\_

To register for a workshop you must also register for a meal that day.

Tri-Refresher participants must register for meals (except Mon. dinner) and workshops.

**Sunday, April 23, 2017**

**10:00 AM - 3:00 PM Tour #1 - \$70.00** \_\_\_\_\_

Grey Towers National Historic Site, lunch at Hotel Fauchere

**6:30 PM DINNER AND PROGRAM - \$60.00** \_\_\_\_\_

Denise Schreiber – “Urban Myths and Legends in the Garden”

Please check food choice (A,B or C)

**A.** Chicken Caprese \_\_\_\_\_ **B.** Cedar Roasted Salmon \_\_\_\_\_ **C.** Vegetable Wellington \_\_\_\_\_

**Monday, April 24, 2017**

**10:00 AM - 4:00 PM Tour #2- \$60.00** \_\_\_\_\_

Kettle Creek Environmental Center, lunch at Memorytown Cafe, Shawnee Brewery

**10:45 AM - 11:45 AM Workshop Session - \$5.00** \_\_\_\_\_

Please prioritize your choices for attending Workshops as 1, 2, or 3:

A1 “Introducing the 2017 Handbook for Flower Shows” – Dorothy Yard # \_\_\_\_\_

A2 “Trees Tame Stormwater” – Vinnie Cotrone # \_\_\_\_\_

A3 “Native Plants and Invasive Look-a-likes” – Kathy Salisbury # \_\_\_\_\_

**12:00 PM – 2:45 PM LUNCHEON AND PROGRAM \$45.00** \_\_\_\_\_ Jessica Walliser – “Creating a Cutting Garden”

Please Check food choice:

**A.** Chicken Marsala \_\_\_\_\_ **B.** Baby Greens Salad/Grilled Salmon \_\_\_\_\_ **C.** Vegetable Cannelloni \_\_\_\_\_

**3:00 PM - 4:00 PM Workshop Session B - \$5.00** \_\_\_\_\_

Please prioritize your choices for attending Workshops as 1, 2, or 3:

B1 “Introducing the 2017 Handbook for Flower Shows” – Dorothy Yard # \_\_\_\_\_

B2 “Amphibians as Indicators of Climate Change” – Diana Beausang # \_\_\_\_\_

B3 “New Concepts in Design, Expanding the Possibilities” # \_\_\_\_\_

Jackie Davies, Pat Wolanski, and Cheril Nobil

**6:30 PM DINNER AND INSTALLATION Of 2017-2019 GCFP OFFICERS - \$60.00** \_\_\_\_\_

Please check food choice (A,B or C)

**A.** Filet Mignon \_\_\_\_\_ **B.** Grilled Chilean Sea Bass \_\_\_\_\_ **C.** Eggplant Lasagna \_\_\_\_\_

**Tuesday, April 25, 2017**

**9:45 AM - 10:45 AM Workshop Session C - \$5.00** \_\_\_\_\_

Please prioritize your choices for attending Workshops as 1, 2, or 3

C1 “Benefits of Native Plants in the Garden” –Susan Tantsits # \_\_\_\_\_

C2 “Native Blooms and Their Pollinators” – Larry Moyer # \_\_\_\_\_

C3 “Attracting Pollinators to Your Garden” – Pam Hubbard # \_\_\_\_\_

**9:30 AM – 2:00 PM Tour #3**

Self guided tour to Mt. Airy Casino via Shawnee shuttle bus - **\$10.00** \_\_\_\_\_

**11:00 AM - 2:30 PM JUDGES COUNCIL PROGRAM AND LUNCH - \$45.00** \_\_\_\_\_

Tracy McKay Sabocheck - “Keep Calm and Design On!”

Please circle food choice:

**A.** Parmesan Encrusted Salmon \_\_\_\_\_ **B.** Pesto Grilled Chicken \_\_\_\_\_ **C.** Penne Pasta/ Marinated Veggies \_\_\_\_\_

Specify dietary restrictions (Medical allergies only) \_\_\_\_\_

**Total remittance (one check per person registered) Check # \_\_\_\_\_ \$ \_\_\_\_\_**

Did you complete both pages of the form?