

# Registration Form



## Company Information

Company Name:

Address:

City:

Zip:

Telephone:

Fax:

*Due to COVID-19 the meeting will take place remotely. Each registered person will receive a link via to view the discussions. Please provide the best email to reach each person registered.*

Name:

Email Address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Payment Information

Enclosed check to

SJVWA ☐

Visa ☐

Mastercard ☐

Cardholder \_\_\_\_\_ Zip \_\_\_\_\_

CC# \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Registration can be submitted by mail, fax, or email

PO Box 11128 - Fresno, CA 93771 - T/F: 559.272.1411

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