

## Menu

<b>Salad:</b>	Garden Salad
<b>Entrée:</b> <i>Choice of the Following:</i>	<ol style="list-style-type: none"><li><b>1. Cheese Ravioli with Roasted Tomato Broth</b></li><li><b>2. Braised Beef Short Ribs</b></li><li><b>3. Chicken Marsala with Wild Mushrooms</b></li></ol> Served with Chief's Accompaniments
<b>Dessert:</b>	Fresh Baked Desserts

**\*Note on Reservations:** We have an obligation to tell Sheraton Hartford South how many people will be attending ahead of time. If fewer lunches are served than ordered, we are obligated to pay for them. **We cannot give refunds at the last minute, deadline: September 12, 2024. Advance prepaid reservations are required!**



### ☞ CPCA FALL QUARTERLY MEETING & MINI-EXPO ☞

Thursday, September 19, 2024 – 8:00 a.m. - 2:00 p.m.

**Sheraton Hartford South**

**Meeting Registration Form:**

**Registration and payment are required for attendance at any part of the meeting.**  
**\$65 per Member/Guest of Member; \$65 per Life Member; \$75 per Non-Member**

**Registration must be accompanied by full payment or by a copy of purchase order in progress.**

**Registration Deadline: September 12, 2024**

Name: \_\_\_\_\_

Meal Choice: \_\_\_\_\_

Name: \_\_\_\_\_

Meal Choice: \_\_\_\_\_

Name: \_\_\_\_\_

Meal Choice: \_\_\_\_\_

(Attach sheet for additional names)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Registrants: \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_** Check payable to **CPCA**

Payment Type: Check: \_\_\_\_\_ Check#: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Return to:**

CPCA, 365 Silas Deane Highway, Suite 1A-Wethersfield, CT 06109

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