

Registration Cape May Autumn Weekend – October 23-25, 2009

PLEASE PRINT NAME YOU WANT PRINTED ON NAME TAG.

NAME* _____ Primary Contact CMBO NJAS Member

NAME* _____ Child CMBO NJAS Member

NAME* _____ Child CMBO NJAS Member

DAYTIME PHONE () _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

***All names must appear on registration form.**

Membership: I am not currently an NJ Audubon/CMBO member; I'd like to join & receive all the benefits of membership. Add \$10 for non US addresses.

Indiv. \$30 Family \$35 Friendship \$100 \$ _____

COMPLETE WEEKEND PACKAGE: ★ includes lodging (Friday & Saturday) at Grand Hotel Cape May, dinner and evening programs, buffet breakfast (Saturday & Sunday), taxes, gratuities, workshops, programs, and field trips.

All rates are per person; member price refers to NJ Audubon or Cape May Bird Observatory (not affiliated with National Audubon).

Standard Room Rates: *We do not select roommates.

Members	Non-Members	Total
____ \$680/person	____ \$731/person	Single occ. \$ _____
____ \$545/person	____ \$596/person	Double occ.* \$ _____
____ \$515/person	____ \$566/person	Triple occ.* \$ _____

WEEKEND PACKAGE: ★ includes dinner & evening programs, taxes, gratuities, workshops, programs, and field trips. Does not include lodging or breakfast. Call for a "Places to Stay" brochure or visit www.BirdCapeMay.org.

Members	Non-Members	Total
____ \$425/person	____ \$477/person	\$ _____

DINNER ONLY: ★ includes dinner & evening program, taxes and gratuities. Select night, number attending, and meal choice.
 ____ Friday \$100/person ____ Saturday \$100/person \$ _____

DAY PACKAGE: covers Friday, Saturday & Sunday field trips, workshops, programs.

Members	Non-Members	Total
____ \$240/person	____ \$295/person	\$ _____

DAY ONLY: covers a single day of field trips, programs, workshops. Cost is per person, per day.

Select day & number attending: ____ Friday ____ Saturday ____ Sunday

Members	Non-Members	Total
____ \$90/person/day	____ \$130/person/day	\$ _____

★ **DINNER SELECTION:** Complete Weekend Package, Weekend Package or Dinner Only. Select day & number attending:

Friday Dinner Selections	Saturday Dinner Selections
____ Cape May Crab Cakes	____ Jumbo Stuffed Shrimp with Crab Imperial
____ Chicken Marsala	____ Stuffed Pork Chop
____ Tortellini Primavera (Vegetarian)	____ Portabello Mushroom (Vegetarian)

SPECIAL REGISTRATION TRIPS ▲ (available to registrants only)

SCOTT WEIDENSAUL Saturday, Oct 24 8:00 to 10:00 AM
 A special field trip with Scott Weidensaul and Pete Dunne • \$100/person (limit 25) Indicate name(s) attending: _____ Total \$ _____

DAVID SIBLEY Sunday, Oct 25 9:00 to 11:30 AM
 A special boat trip with David Sibley • \$150/person (limit 25) Indicate name(s) attending: _____ Total \$ _____

FERRY POOR MAN'S PELAGIC (round-trip; foot passenger only) Saturday, Oct 24 10:30 AM to 2:30 PM (time approximate) Total \$ _____
 Indicate number attending: ____ \$25/person

CRUISING CAPE ISLAND CREEK KAYAK TRIP
 Both days 1:00 to 3:00 PM. Indicate number of people & kayak: Total \$ _____
Friday, Oct 23 ____ \$45/single ____ \$75/double ____ \$20 BYO* \$ _____
Saturday, Oct 24 ____ \$45/single ____ \$75/double ____ \$20 BYO* \$ _____

*Bring Your Own equipment price is per person, no rental kayak provided.

SALT MARSH BACK BAY ECO-TOUR (Space limited) \$35/person per tour. Indicate number of people and time: Total \$ _____
Friday, Oct 23 ____ 1:00 to 3:30 PM \$ _____
Saturday, Oct 24 ____ 10:00 AM to 12:30 PM ____ 1:30 to 4:00 PM \$ _____
Sunday, Oct 25 ____ 1:00 to 3:30 PM \$ _____
Monday, Oct 26 ____ 10:00 AM to 12:30 PM \$ _____

PEDALING PONDERLODGE (cost included in registration) BYO equipment: Sunday, Oct 25 (limit 20) Indicate number attending: ____ 10:00 AM to 12:30 PM



NEW JERSEY
AUDUBON
SOCIETY



Print out and mail with payment to:

AUTUMN WEEKEND REGISTRATION

Deb Shaw
 Cape May Bird Observatory
 600 Route 47 North
 Cape May Court House, NJ 08210
 Tel: 609-861-0700
 Fax: 609-861-1651
www.BirdCapeMay.org

EXTEND YOUR STAY WORKSHOP EXTENSIONS*

HAWKS IN FLIGHT with Pete Dunne
 Wednesday, Thursday • October 21-22
 Select day & number attending: ____ Wed. ____ Thurs.

Members	Non-Members	Total
____ \$95/person per day	____ \$115/person per day	\$ _____

CAPE MAY WITH EVERYTHING ON IT with Mark Garland
 Monday, Tuesday, Wednesday • October 26-27-28
 Select day & number attending: ____ Mon. ____ Tues. ____ Wed.

Members	Non-Members	Total
____ \$85/person per day	____ \$95/person per day	\$ _____

*Lodging, meals, transportation not included. Complete Weekend participants should contact The Grand Hotel directly (609.884.5611/800.257.8550) for extended lodging.

Total Registration Fee \$ _____

Deduct \$35 per child (6-12) except dinners and special ▲ trip) — \$ _____

Total Payment Enclosed (no deposits) \$ _____

METHOD OF PAYMENT:

Check payable to "Cape May Bird Observatory"
 Charge to:
 Master Card Visa Discover American Express

CARD NO. _____ Exp. ____/____
 Month Year

Name on Credit Card: _____

PLEASE PRINT

Billing Address: _____

Daytime phone number: () _____

Return completed registration form and mail with full payment to be received by October 5, 2009. Your confirmation & registration packet will be mailed. Any registrations received after October 5 will incur a \$35 processing fee. Cancellations, minus a \$50 fee, will be accepted until October 5. No refunds after October 5. All special registration trips are non-refundable unless cancelled by event organizers.