



SPRING 2018 EXHIBITON Registration Form
APRIL 27- 29, 2018

The Williamsburg Lodge,
 310 South England Street,
 Williamsburg, VA

Registration Deadline: 3/21/2018

Please note that the hotel registration is done directly with the hotel. You may call 1-800-261-9530 or go to our web site under the members only section. There will be a link to register online directly with the hotel. The link allows you to reserve at our special rate from Monday 4/23-4/30, 2018.

Deluxe room-\$200.00 plus taxes per room per night
Cozy room \$179.00 plus taxes per room per night.

Name: _____ Member: _____ Guest: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Registration fee: \$40.00 \$ _____
 After 3/21/2018 \$55.00 \$ _____

MUST register in order to receive free Museum pass and free shuttle pass , separate registration required for each person attending.

Friday night banquet:

Parmesan crusted breast of chicken w/sweet potato risotto,

roasted mushrooms, lemon parsley butter sauce -\$67.00 \$ _____

Roasted eggplant moussaka, crispy herb polenta cake, toasted pine nut spinach,

three tomato pomodoro\$50.00 \$ _____

Both entries start with warm rolls, Caesar salad, and finish with caramelized Almond Pear Tart with vanilla sauce

Saturday night banquet:

Southern style BBQ buffet \$56.00 \$ _____

Buffet includes: salads, BBQ chicken breast, pulled pork, baked beans, rolls, buttermilk biscuits, pickles, lemon pound care, spiced peaches, ice cream, beverages

Sunday brunch- **(Please make your choice below of one)**

Cardamom- Spiced French toast with toasted pecans, maple syrup & Virginia bacon \$35.00 \$ _____

Poached eggs, sausage, sweet potato hash, Chesapeake crab Hollandaise, Virginia bacon \$35.00 \$ _____

Both entries start with Granola and Berry Parfait and include orange juice, coffee, and tea

Please indicate if you required a special meal: _____

Total:\$ _____

Saturday
 FREE Tinsmithing workshop-
 Please note that there is limited space so a sign up will be necessary
 9 am - 10 am _____
 10 am - 11 am _____

NO REFUNDS FOR REGISTRATION FEES OR BANQUET FEES

PLEASE SEND THIS ENTIRE FORM WITH A CHECK PAYABLE TO HSEAD OR CREDIT CARD INFORMATION TO :

HSEAD, AT THE FARMERS MUSEUM, PO BOX 30, COOPERSTOWN, NY 13326

Card# _____ Exp. date: _____ 3 digit security code: _____
 Billing address: _____

Print name as it appears on your credit card. Please include the zip code used for the credit card.