Pacific Shores Region 12
Sweet Adelines International
Regional Convention
May 16, 2026

Official Use Only
Meal: _____
Room: _____
Time: _____

Chorus Name: _____
(Insert Chorus Name)

Would you like a podium and microphone? **$30 charge for mic** **Please check** **Yes** ☐ **No** ☐
Would you like a podium only? No charge **Please check** **Yes** ☐ **No** ☐

Choices appear below, with the price per person including Nevada state tax and gratuities. Select the type of function and indicate the number of people expected. Total and complete page 2.

Breakfast Buffet – Cost Per Person $33.00	
Breakfast Buffet Freshly Squeezed Orange Juice | Grapefruit Juice, Sliced Season Fruits & Berries Scrambled Eggs Breakfast Potatoes Bacon Assorted Breakfast Pastries Nugget Signature Roast Coffee, Decaffeinated Coffee and Deluxe Herbal Teas	
Cost $33.00 Per Person	**Number of people** _____ **Total Paid for Breakfast $** _____
Dinner Buffet - Cost Per Person $43.00 **PLEASE ATTACH LIST OF NAMES OF ALL PEOPLE HAVING DINNER**	
All Buffets are Served With: Fresh Baked Rolls and Sweet Butter Nugget Signature Roasted Coffee, Decaffeinated Coffee, Herbal Tea & Iced Tea	
Cold Selections Description	
Caesar Salad (GF) / Garlic – Croutons / Parmesan (GF)/ Creamy Caesar Dressing (GF) Caprese Salad / Fresh Mozzarella / Cherry Tomato / Basil Seasonal Fruit Salad (GF)	
Hot Entree - Selections Descriptions	
Herb Roasted Chicken (GF) Mushroom Ravioli / Garlic Parmesan cream	
Accompaniments	
Garlic Asparagus / Pine Nuts (GF)	
Desserts	
Chef's choice (*will include one GF dessert choice)*	
Cost $43.00 Per Person	**Number of People:** _____ **Total paid for Dinner $** _____ **ATTACH LIST OF NAMES FOR DINNER**
If you bring your own wine, please pay Corkage Fee of $20.00 per bottle to Banquet Captain. (Not a chorus charge. Pay on site. Do not include with chorus payment.)	

Pacific Shores Region 12
Sweet Adelines International
Regional Convention
May 16, 2026

CHORUS NAME _____
Grand total for Breakfast (payment information below) $_____
Grand total for dinner (payment information below) $_____
Microphone Charge - $30. Please write separate check - payment below
Number of visitors that will be seated, but will not be eating? _____

Primary Contact Person

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
E-mail Address: _____
Home Phone: ( ) _____
Work Phone: ( ) _____

Alternate Contact Person

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
E-mail Address: _____
Home Phone: ( ) _____
Work Phone: ( ) _____

1. INCLUDE MEAL FORMS ALONG WITH YOUR PAYMENT
Please make check payable to Region 12 Convention
$_____ enclosed

2. Y / N - Requested Microphone during meal
Please make separate check payable to
Region 12 Convention - $ 30.00

MUST BE RECEIVED BY SATURDAY, 4/11/26
PLEASE SUBMIT REQUESTS TO:
Judi Naill
3321 Del Mar Avenue
Loomis, CA 95650
Phone: (cell) 916-761-2998
email: j.spike6700@sbcgobal.net