2027 Capital Lakefair NWFHG Hospitality Weekend Order Form

January 22 - 24, 2027

Full Name _____

Festival _____**Title/Position** _____

Guest/Spouse _____

Guest/Spouse Title/Position, if any _____

Address _____**City** _____**State** _____ **Zip** _____

Email _____**Phone** _____

PRICING INFORMATION

Weekend per person ($135) **QTY**_____ $_____

(Includes Hospitality Room, Saturday Breakfast, and Saturday Lunch)

Saturday per person ($100) **QTY** _____ $_____

(Includes Saturday Meetings & Lunch Only)

GRAND TOTAL $_____

PAYMENT OPTIONS

CHECKS PREFERRED

Make check payable to Capital Lakefair

Mail check and order form:

Capital Lakefair, PO Box 2569, Olympia, WA 98507

CREDIT CARD INFORMATION

Card Number _____

Expiration ____/____/____ Security Code _____ Billing Zip _____

Order Deadline – January 8, 2027