



2026 CANDY HALL OF FAME EVENT REGISTRATION

OCTOBER 22-24, 2026 • ORLANDO, FL

This form can only be used when paying by check. To pay by credit card you must use our [DIGITAL FORM](#)

Please type or print all information clearly

NAME OF KEY CONTACT _____

CONTACT EMAIL _____

COMPANY _____

PHONE _____

CELL _____

Please review the [SCHEDULE](#) before making travel arrangements.

All events will be held at the [Signia by Hilton Orlando Bonnet Creek](#).

Our primary room block is at the Signia by Hilton Orlando Bonnet Creek. The Signia shares its property with the Waldorf Astoria Orlando, where we also have a limited number of rooms.

[BOOK YOUR ROOM](#)

Room block expires **September 30, 2026**, or when the block sells out.



REGISTRATION FEES

ADULT: EARLY BIRD RATE — \$490 - AFTER SEPTEMBER 11TH — \$595

CHILD 6 TO 15: — \$190 CHILD UNDER 6: — \$0

All seating for the Saturday dinner is pre-assigned and cannot be changed on site. You will be seated with the individuals listed on your registration form. If you have specific seating requests please include them with your registration or send separately in writing no later than Monday, October 5th, to info@candyhalloffame.org.

PLEASE type or print each name as it should appear on name badge and mark the appropriate boxes.

Name (as it should appear on name badge) _____		Email _____	
Company Name (if different from above) _____		Phone _____	
CANDY HALL OF FAME MEMBER - YEAR INDUCTED _____		SPECIAL FOOD REQUIREMENTS _____	
Adult Registration <input type="checkbox"/> \$490 <input type="checkbox"/> \$595		_____	
Child 6 to 15 Registration <input type="checkbox"/> \$190		_____	
Child under 6 Registration <input type="checkbox"/> \$0		_____	
TOTAL _____		_____	

PLEASE type or print each name as it should appear on name badge and mark the appropriate boxes

Name (as it should appear on name badge)	Email
Company Name (if different from above)	Phone
CANDY HALL OF FAME MEMBER - YEAR INDUCTED _____	SPECIAL FOOD REQUIREMENTS
Adult Registration <input type="checkbox"/> \$490 <input type="checkbox"/> \$595	_____
Child 6 to 15 Registration <input type="checkbox"/> \$190	_____
Child under 6 Registration <input type="checkbox"/> \$0	_____
TOTAL _____	_____

Name (as it should appear on name badge)	Email
Company Name (if different from above)	Phone
CANDY HALL OF FAME MEMBER - YEAR INDUCTED _____	SPECIAL FOOD REQUIREMENTS
Adult Registration <input type="checkbox"/> \$490 <input type="checkbox"/> \$595	_____
Child 6 to 15 Registration <input type="checkbox"/> \$190	_____
Child under 6 Registration <input type="checkbox"/> \$0	_____
TOTAL _____	_____

Name (as it should appear on name badge)	Email
Company Name (if different from above)	Phone
CANDY HALL OF FAME MEMBER - YEAR INDUCTED _____	SPECIAL FOOD REQUIREMENTS
Adult Registration <input type="checkbox"/> \$490 <input type="checkbox"/> \$595	_____
Child 6 to 15 Registration <input type="checkbox"/> \$190	_____
Child under 6 Registration <input type="checkbox"/> \$0	_____
TOTAL _____	_____

GRAND TOTAL \$ _____

PAYMENT MUST ACCOMPANY THIS FORM

PAYMENT METHOD Check Payable to NCSA \$ _____

Please email copy of this form to info@candyhalloffame.org and include a copy with your check.

This form can only be used when paying by check. To pay by credit card you must use our [DIGITAL FORM](#)

CANCELLATION POLICY: 75% refund through September 26th — no refunds after September 26th.

Join us in celebrating with this year’s inductees, place a congratulatory ad in the [2026 YEARBOOK AND ROSTER](#).

NCSA • 3135 BEREA ROAD, CLEVELAND, OH 44111

PHONE: (216) 631 8200

EMAIL: info@candyhalloffame.org

INTERNAL USE ONLY:

Payment Processed: _____ Registration Processed: _____