

2010 CASSC ANNUAL TRAINING CONFERENCE REGISTRATION FORM

Please Type or Print Information Clearly

Registration will be taken as long as rooms are available.

Organization Name _____

Registrant Name _____

(One registrant per form. Submit Registration form with full payment or request to pay)

Address _____ City _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

Early Bird Registration: Double occupancy (**cost is per person, double occupancy**); includes 3 nights lodging, 9 meals and all conference sessions (**\$520 after July 16**) = \$490 _____

Early Bird Registration: Single Occupancy (**\$775 after July 16**) = \$745 _____

Conference Only (Lunch Included) = \$225 _____

Non-Member Fee = \$ 50 _____

Full-Time Student Rate (submit copy of current enrollment receipt)
- Deduct 10% of conference cost = \$ _____

Donation (Donations used to fund conference scholarship program) = \$ _____

TOTAL SUBMITTED = \$ _____

_____ Male _____ Female Roommate Request* _____

***If You Pay the Double Occupancy Rate, but Do Not Request a Roommate, a Roommate will be Assigned**

Expected Check-in Date/Time _____ Vegetarian Meals: Yes _____ No _____

Special Needs? (e.g., special diet, mobility considerations) _____

Return by: July 16 for Early Bird Rate - \$490 Per Person Double Occupancy; \$745 Single Occupancy
(If you cannot return payment by July 16, fax a copy of your "Request to Pay" or your "Purchase Order" to Andrea Fuerst at 831-375-9887 to confirm your intent to pay as soon as possible.)

Mail to: CASSC, c/o Audrey Calder, City of Vacaville, 91 Town Square Place, Vacaville, CA 95688

Cancellation Policy: If cancellation request is received by July 24 – Full refund minus \$50 processing fee. If cancellation request is received by August 7 – Partial refund minus \$50 processing fee. *No refunds after August 7th.*

Scholarships Available - See website (www.cassc.org) for application form; due date 7/16/10.

Questions? Call Andrea Fuerst at 831-375-4454 or email alcdir@mowmp.org