

REGISTRATION FORM

One Form Per Person

Last Name <small>please print</small>	First Name	Title
Office Address	City	Zip ()
County	Agency	Phone
Email <small>(required for registration confirmation)</small>		Current Member (2010 dues paid) <input type="checkbox"/> Yes <input type="checkbox"/> No

FULL WEEK REGISTRATION COMPLETE THIS SECTION

Registration Fee - Full Week Attendee

Members		Non-Members		
Before 8/27/10	After 8/27/10	Before 8/27/10	After 8/27/10	\$
\$275	\$300	\$325	\$350	

Your full week registration fee includes three complimentary meals shown below. If you are bringing a guest who is not paying the full week registration fee you may purchase their meals separately. All guest meals must be purchased in advance.

Order Your Complimentary Meals

Tuesday Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Free
Tuesday Barbeque	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Free
Wednesday Banquet	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Free

Purchase Meals for Your Guests Here

Tuesday Lunch	# of meals _____	\$20 / meal	\$ _____
Tuesday BBQ	# of meals _____	\$30 / meal	\$ _____
Banquet Dinner	# of meals _____	\$40 / meal	\$ _____
Guest Meal Total			\$ _____

Total Symposium Fees \$ _____
Pay to CSCA Executive Secretary

Banquet Menu Meal Selection

Full week registration <small>Your complimentary meal choice (check the box)</small>	<input type="checkbox"/> Flat Iron Steak Ravigote with mustard & tarragon	<small>Guest meal</small>
	<input type="checkbox"/> Salmon Provencal with tomato & lemon	<small>Guest meal</small>
	<input type="checkbox"/> Chicken a la Bonne Femme w/ bacon & onions	<small>Guest meal</small>
	<input type="checkbox"/> Tomato & Cheese Ravioli in Alfredo Sauce	<small>Guest meal</small>

If you are bringing a guest to dine with you at the banquet indicate their meal selection on the line to the left. If more than one guest, write the number of meals you wish to purchase on the selection line. (all guest meals must be purchased in advance)

PER DAY REGISTRATION COMPLETE THIS SECTION

Registration Fee - Daily Attendee

Members		Non-Members		Registration fees must be paid by August 27th to receive a training notebook
Before 8/27/10	After 8/27/10	Before 8/27/10	After 8/27/10	
\$100	\$125	\$150	\$175	

Register for Specific Days

Monday Tuesday Wednesday Thursday Friday

$$\frac{\text{Number of Days}}{\quad} \times \frac{\text{Per Day Fee}}{\quad} = \$ \underline{\hspace{2cm}}$$

Meals are not included in the per day registration fees. Meals may be purchased separately. All meals must be purchased in advance.

Purchase Your Meals Here

Tuesday Lunch	# of meals _____	\$20 / meal	\$ _____
Tuesday BBQ	# of meals _____	\$30 / meal	\$ _____
Banquet Dinner	# of meals _____	\$40 / meal	\$ _____
Guest Meal Total			\$ _____

Total Symposium Fees \$ _____
Pay to CSCA Executive Secretary

Banquet Menu Meal Selection

Per Day registration <small>Purchased meal choice</small>	<input type="checkbox"/> Flat Iron Steak Ravigote w/ mustard & tarragon	<i>If you are registered per day and purchased a meal for the banquet, make your selection by checking the box to the left.</i>
	<input type="checkbox"/> Salmon Provencal with tomato & lemon	
	<input type="checkbox"/> Chicken a la Bonne Femme w/ bacon & onions	
	<input type="checkbox"/> Tomato & Cheese Ravioli in Alfredo Sauce	

Cancellation notice must be received by August 27, 2010 to receive refund. All refunds subject to \$25.00 administration fee. For further information contact Scotty Hill at (951) 788-2656 or cscs1@sbcglobal.net.