Legislative Conference Registration Form
Tuesday, May 15, 2012

LEGISLATIVE CCA CONFERENCE

Morning Session Registration: 9:00 a.m.

Conference: 10:00 a.m. to 12:00 p.m. / Lunch on own: 12:00 to 1:00 p.m.
Location: Esquire IMAX Theatre, 1211 K Street, Sacramento, CA 95814

Afternoon Session

Legislative Appointments: 1:30 to 4:00 p.m.
Location: California State Capitol, 10th & L Streets, Sacramento, CA 95814

Reception/Fundraiser

CCPAC Reception/Fundraiser 3:00 to 4:30 p.m.
Location: Pyramid Alehouse, Brewery & Restaurant, 1029 K Street, Sacramento, CA 95814

REGISTRATION RATE (*Until May 8):*

- ❑ $50 per CCA Member
- ❑ $75 per Non-Member

AT-THE-DOOR RATE (*May 9-15)*

- ❑ $100 "At the Door" per CCA Member
- ❑ $125 "At the Door" per Non-Member

RECEPTION/FUNDRAISER:

- ❑ $250 Gold Sponsor
- ❑ $150 Silver Sponsor
- ❑ $50 supporter

Name: _____ Chiropractic College: _____

Home Address: _____ City/State/Zip: _____

Office Phone: _____ Office Fax: _____

E-mail: _____

Please Note: a confirmation letter will be sent electronically to the e-mail address provided above

VERY IMPORTANT!!! To determine your state representatives, please visit CCA's Web site, www.calchiro.org. Go to "News & Legislation" and click on "My Elected Officials." Enter your HOME address, and you will be given your representatives. Please list below:

Assembly Member: _____ Senator: _____

Assembly District #: _____ Senate District #: _____

If you personally know a member of the state Senate or Assembly, please indicate the name of the legislator and the nature of your relationship:

_____

Please indicate special needs for any members of your party with disabilities: _____

_____

❑ Check payable to CCA. Please mail check with this registration form. Check #: _____

Bankcard Payments: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Card #: _____ Signature: _____

Expiration Date: _____ Billing Zip Code: _____ Total Amount Paid: $_____

PLEASE NOTE: Cancellations received in the CCA office through May 1, 2012, will be assessed a 10% service charge. Cancellations received May 2 and up to 5:00 pm May 8, 2012, will be assessed a 25% service charge. No shows or cancellations after 5:00 pm on May 8, 2011 are liable for the entire fee. All cancellations must be in writing. If CCA cancels for any reason, CCA's liability is limited to the return of the registration fee only. CCA will not reimburse registrant for any travel, hotel or other fees or penalties. Checks returned due to insufficient funds and/or stop payment are subject to a $25 returned check fee. Please submit one form per registrant. Retain a copy of this form for your records. If you fax or call in your registration, you must pay by credit card.

www.calchiro.org

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