



## 2017 CAJPA CONFERENCE REGISTRATION FORM

### SEPTEMBER 12-15, 2017 SOUTH LAKE TAHOE, CA

**QUESTIONS?** Please contact Carmen Berry at [cberry@cajpa.org](mailto:cberry@cajpa.org) or 916-231-2139.

REGISTRANT INFORMATION		
NAME:	TITLE:	
AGENCY <i>(printed on name badge)</i> :		
ADDITIONAL AGENCY:		
ADDRESS:		
AREA OF SPECIALTY: <input type="checkbox"/> GOVERNING OFFICIAL <input type="checkbox"/> EXECUTIVE DIRECTOR/CHIEF EXECUTIVE OFFICER <input type="checkbox"/> FINANCE <input type="checkbox"/> LEGAL/ATTORNEY <input type="checkbox"/> TECHNOLOGY <input type="checkbox"/> RISK <input type="checkbox"/> SAFETY <input type="checkbox"/> CLAIMS <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> HUMAN RESOURCES		
CITY: STATE: ZIP:		
PHONE: FAX:		
EMAIL:	SPECIAL ACCOMMODATIONS:	
SUBSTITUTE ATTENDEE INFORMATION		
IF YOU ARE ATTENDING IN PLACE OF ANOTHER REGISTERED ATTENDEE, PLEASE PROVIDE THE REGISTERED ATTENDEE'S NAME HERE:		
CONFERENCE REGISTRATION FEES		
<input type="checkbox"/> CAJPA MEMBER - \$350	<input type="checkbox"/> NON-MEMBER - \$750	
<input type="checkbox"/> ADDITIONAL EXHIBITOR - \$250		
<input type="checkbox"/> GUEST- BOTH OPENING & NETWORKING RECEPTIONS, LATE NIGHT PARTY & THURSDAY CAJPA'S KITCHEN - \$150		
GUEST NAME:	<b>SUBTOTAL:</b>	
PAYMENT INFORMATION		
TOTAL DUE: \$		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> INVOICE <input type="checkbox"/> CHECK:		
CARD NUMBER:		
EXPIRATION DATE:	SECURITY CODE:	
NAME ON CARD:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
AUTHORIZED SIGNATURE:		

Please submit completed form and payment to the registration table upon arrival at the conference.

**NO REFUNDS FOR ON SITE REGISTRATIONS**



**California Association of Joint Powers Authorities**  
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