



# 2018 CAJPA CONFERENCE REGISTRATION FORM

## SEPTEMBER 11, 2018 | SOUTH LAKE TAHOE, CA

### QUESTIONS?

- Contact **Carmen Berry** for general conference information at [cberry@cajpa.org](mailto:cberry@cajpa.org) or (916) 231-2139.
- **Beth Ramirez** can be reached at (714) 616-4306 or [Beth2017@cajpa.org](mailto:Beth2017@cajpa.org) for sponsorship and exhibitor information.

### REGISTRANT INFORMATION

NAME:	TITLE:	
AGENCY <i>(printed on name badge)</i> :		
ADDITIONAL AGENCY:		
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		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:	SPECIAL ACCOMMODATIONS:	

### CONFERENCE REGISTRATION FEES

EARLY BIRD REGISTRATION - NOW THROUGH JULY 28, 2018	REGISTER AFTER JULY 28, 2018
<input type="checkbox"/> CAJPA MEMBER - \$300	<input type="checkbox"/> CAJPA MEMBER - \$350
<input type="checkbox"/> NON-MEMBER - \$700	<input type="checkbox"/> NON-MEMBER - \$750
<input type="checkbox"/> GUEST- BOTH OPENING & NETWORKING RECEPTIONS, LATE NIGHT PARTY & THURSDAY CARNIVAL - \$150	GUEST NAME:
<input type="checkbox"/> ADDITIONAL EXHIBITOR - \$250	SUBTOTAL:

### GOLF REGISTRATION FEES - \$125 PER PLAYER - INDIVIDUALS BELOW TO BE LISTED AS A FOURSOME

<input type="checkbox"/> PLAYER 1 - NAME:	EMAIL:
COMPANY:	
<input type="checkbox"/> PLAYER 2 - NAME:	EMAIL:
COMPANY:	
<input type="checkbox"/> PLAYER 3 - NAME:	EMAIL:
COMPANY:	
<input type="checkbox"/> PLAYER 4 - NAME:	EMAIL:
COMPANY:	

### 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:		



**California Association of Joint Powers Authorities**  
 700 R Street, Suite 200  
 Sacramento, CA 95811  
 p: 916-231-2139 • f: 916-231-2141

All requests for refunds must be received by August 31 in writing. Full refunds, minus a \$50 administrative fee, will be granted to individuals whose written requests are received on or before August 31. Substitute attendees will be accepted up to the date of the conference.  
**No refunds after August 31, 2018.**