



**October 11-13, 2017**  
 Granlibakken Conference Center  
 Lake Tahoe, California



## Registration Form

### Section A—Registrants Information

|                              |                |
|------------------------------|----------------|
| First Name                   | Last Name      |
| Company/Agency               | Title          |
| Address<br>( )               | City/State/Zip |
| Phone                        | Email<br>( )   |
| In Case of Emergency Contact | Phone          |

**Food Allergies:**     Vegetarian    No Gluten    No Dairy    Other: \_\_\_\_\_

**ADA Request:**  For ADA requests and questions concerning accessibility, contact CPRS, 916-665-2777. Accommodations such as interpreters cannot be guaranteed without 30 days notice. To ensure availability, requests must be received by September 11.

### Section B—Registration Information

Your selection below is subject to membership verification. If you need assistance with your membership status, please call the CPRS registrar at 916-665-2777.

CPRS Membership Number: \_\_\_\_\_

For Shared Housing Purposes:      Gender:     Male       Female

Will you be age 21 and over by October 10, 2017:    Yes       No

Preferred Roommate Choice(s): \_\_\_\_\_

|                        | On or before July 31, 2017     |                                | August 1—September 1, 2017     |                                |
|------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
|                        | Member                         | Non-Member                     | Member                         | Non-Member                     |
| CAMS Registration      | <input type="checkbox"/> \$570 | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$660 | <input type="checkbox"/> \$685 |
| Teambuilding Adventure | <input type="checkbox"/> \$80  | <input type="checkbox"/> \$80  | <input type="checkbox"/> \$85  | <input type="checkbox"/> \$85  |
| Single Room (Add. Fee) | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |
| Day Rate 10/12/17      | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$210 | <input type="checkbox"/> \$210 |
| Day Rate 10/13/17      | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$210 | <input type="checkbox"/> \$210 |
| CEU's                  | <input type="checkbox"/> \$20  | <input type="checkbox"/> \$40  | <input type="checkbox"/> \$20  | <input type="checkbox"/> \$40  |
| Total:                 | \$ _____                       | \$ _____                       | \$ _____                       | \$ _____                       |

### Section C—Payment Information

Payment information must be included to complete processing.

Check Payable to CPRS     VISA       MasterCard       American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**To Register:** Online: [www.CPRS.org](http://www.CPRS.org) or Fax: 916-665-9149  
 By mail: 7971 Freeport Blvd., Sacramento, CA 95832