

California Unified Program Annual Training Conference
10th Annual Conference, February 4 – 7, 2008
Hyatt Regency, San Francisco Airport, Burlingame, San Mateo County
Conference Registration Form

Please note that there are some classes that have pre-registration requirements, please read the class description for details)

Name _____ Title _____
 Name _____ Title _____
 Agency _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

Please complete this form and remit with payment in full by check or valid VISA, MasterCard or American Express to: **Cal CUPA FORUM**, P.O. Box 2017, Cameron Park, CA 95682-2017 by January 8, 2008. For updates to the program or to register and pay on-line please visit our web-site at www.calcupa.net. For additional information contact Sheryl Baldwin at 530-676-0815, fax 530-676-0515 or sheryl@ccdeh.com.

Please reserve your hotel accommodations early and directly with the Hyatt Regency, San Francisco Airport in Burlingame 800-233-1234 or 650-347-1234 or on our website at www.calcupa.net. Guest room accommodation rates are \$115.00 for single or double under the CAL CUPA BLOCK. These rates are subject to sales tax per night. Deadline for hotel reservations at quoted rates is **January 8, 2008**. The Hyatt will continue to accept reservations based on room and rate availability, so please reserve your room early. Parking fee is \$10 for self parking.

	Before 1/6/2008	After 1/6/2008	Total Due
Government Rates			
<input type="checkbox"/> Conference Full Registration Fee Government (# of participants ____x)	\$375.00 each	\$425.00 each	\$ _____
<input type="checkbox"/> Conference Single Day Registration Fee Government (# ____x)	\$150.00 each	\$175.00 each	\$ _____
Please specify day(s) you will be attending _____			
Non-Government Rates			
<input type="checkbox"/> Conference Full Registration Fee Non-Government (# of participants ____x)	\$475.00 each	\$525.00each	\$ _____
<input type="checkbox"/> Conference Single Day Registration Fee Non-Government (# ____x)	\$200.00 each	\$225.00 each	\$ _____
Please specify day(s) you will be attending _____			
Sponsors			
<input type="checkbox"/> Other Sponsorship Options: Breaks - Bronze \$500, Silver \$1,000 or Gold \$1,500			\$ _____
<input type="checkbox"/> Other Sponsorship Options: (please give us a call with your ideas before 1/6/2008)			\$ _____
Total Amount Enclosed			\$ _____
Other Activities			
<input type="checkbox"/> Monday 2/4/06 Mariners Golf CUPA CUP (Includes golf, transportation & BBQ) \$28.00 each			\$ _____

Check enclosed Please charge my Visa MasterCard American Express
 Credit Card number _____ Expiration date _____

Name on Card _____ Signature _____

Please Invoice: I understand that if I pay our invoice after the conference cut-off date, that the late rates apply.

All confirmations will be sent by email. There is a \$75 cancellation fee if received in writing by January 15, 2008. No refunds after 1/16/08. All registration fees are due prior to or at the conference.

Register and pay on-line at www.calcupa.net!!!!