

California Unified Program Annual Training Conference
13th Annual Conference, January 31- February 3, 2011
Hyatt, Garden Grove, Orange 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 7, 2011. 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 conferencemanager@calcupa.org . Continuing Education Contact hours will be provided for certain classes. Please see full program for details of class sessions. A Certificate of Completion will be provided after the conference and is included in the registration fee.

Please reserve your hotel accommodations early and directly with the Hyatt in Orange County 11999 Harbor Blvd., Garden Grove 714-750-1234 or www.hyattoc.com. Guest room accommodation rates are \$129.00 single or double under the CAL CUPA BLOCK. These rates are subject to 13% sales tax per night. Deadline for hotel reservations at quoted rates is **January 7, 2011. The Hyatt will continue to accept reservations based on room and rate availability, so please reserve your room early. Parking fee \$10 per day and Complimentary Wired Internet access in the sleeping rooms on January 30-February 3, 2011.**

| | Before 1/7/2011 | After 1/7/2011 | Total | Due |
|---|-----------------|----------------|----------|-------|
| Government Rates | | | | |
| Conference Full Registration Fee Government(# of participants ____x) | \$395.00 each | \$445.00 each | \$ _____ | _____ |
| Conference Single Day Registration Fee Government (# ____x) | \$150.00 each | \$175.00 each | \$ _____ | _____ |
| Please specify day(s) you will be attending _____ | | | | |
| Non-Government Rates | | | | |
| Conference Full Registration Fee Non-Government (# of participants ____x) | \$495.00 each | \$545.00each | \$ _____ | _____ |
| Conference Single Day Registration Fee Non-Government (# ____x) | \$200.00 each | \$225.00 each | \$ _____ | _____ |
| Please specify day(s) you will be attending _____ | | | | |
| Retired REHS's | | | | |
| Conference Full Registration Fee Retired REHS's (# of participants ____x) | \$250.00 each | \$275.00 each | \$ _____ | _____ |
| Sponsors | | | | |
| Other Sponsorship Options: Breaks - Bronze \$500, Silver \$1,000 or Gold \$1,500 | | | \$ _____ | _____ |
| Other Sponsorship Options: (please give us a call with your proposal before 12/15/2010) | | | \$ _____ | _____ |
| Other Activities | | | | |

| | |
|---|----------|
| Sunday 1/30/11 Riverview Golf Tournament 11-5pm (includes shuttle, golf cart, 18 holes & lunch \$60) | \$ _____ |
| Tuesday 2/1/11 "CUPA CUP" Bowling & dinner (limited to the first 144 people) \$30.00 | \$ _____ |
| Tuesday 2/1/11 "CUPA CUP" Bowling Sponsorship \$100.00 | \$ _____ |
| Total Amount Enclosed | \$ _____ |

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 14, 2011. No refunds after 1/15/11. All registration fees are due prior to or at the conference.

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