

**C4A ANNUAL MEETING AND ALLIED CONFERENCE
NOVEMBER 17-20, 2008
MARRIOT LOS ANGELES DOWNTOWN**

REGISTRATION

NAME: _____ TITLE: _____

AGENCY/ORGANIZATION: _____
(As To Appear on Name Badge)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

AFFILIATION: (check all that apply) C4A TACC LSA MSA CHA CWDA CAPA CCoA HICAP
ACCRC Other: _____

FULL REGISTRATION \$220.00 - (Includes Tuesday reception and Wednesday breakfast and lunch and Thursday continental breakfast) _____

PARTIAL REGISTRATION - (Please specify days and amount)
 Tuesday and Wednesday \$195.00 (Includes Tuesday reception, Wednesday breakfast and lunch) _____

Wednesday and Thursday - \$170.00 (Includes Wednesday breakfast and lunch, Thursday breakfast) _____

Monday - \$55.00 _____

Tuesday - \$115.00 (Includes Tuesday Reception) _____

Wednesday - \$145.00 (Includes Wednesday breakfast and lunch) _____

Thursday - \$90.00 (Includes Thursday breakfast) _____

GUEST REGISTRATION FOR MEAL EVENTS

Tuesday reception \$50.00 _____

Wednesday luncheon \$40.00 _____

Name of Guest: _____

Check: Make payable to C4A **TOTAL** _____

Charge To: MasterCard Visa
Name on Card _____ Signature _____
Card # _____ Exp. Date _____
Authorization Code # _____ Billing Zip Code _____

SUBMIT CHECKS AND REGISTRATION FORM TO:
C4A, 980 Ninth Street, Suite 240 Sacramento, CA 95814
Phone: (916) 443-2800 Fax: (916) 554-0111 E-mail: c4a@pacbell.net

**IF YOU REQUIRE SPECIAL ACCOMMODATIONS, PLEASE NOTIFY C4A BEFORE NOVEMBER 3, 2008.
NO REFUNDS OR CANCELLATIONS AFTER NOVEMBER 10, 2008.**