



UCLA Lake Arrowhead Conference Center

October 17-19, 2018

Registration Form

Section A- Registrant Information

First Name: _____ **Last Name:** _____

Company/Agency: _____ **Title:** _____

Address: _____ **Phone:** _____

City/State/Zip: _____ **Email:** _____

Food Allergies: Vegetarian No Gluten No Dairy Other: _____

ADA Requests: For ADA requests and questions concerning accessibility, contact CPRS at 916-665-2777. Accommodations such as interpreters cannot be guaranteed without 30 days' notice. To ensure availability, requests must be made by September 1.

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 Member Number: _____ **Emergency Contact Name:** _____ **Emergency Contact Phone Number:** _____

For Shared Housing Purposes: _____ **Gender:** Male Female

Will you be the age of 21 and over by October 10, 2018: Yes No

Preferred Roommate Choice(s): _____

	On or Before July 31, 2018		August 1-September 1, 2018	
	Member	Non-Member	Member	Non-Member
CAMS Registration	<input type="checkbox"/> \$595	<input type="checkbox"/> \$620	<input type="checkbox"/> \$685	<input type="checkbox"/> \$710
Single Room (Add. Fee)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225
Day Rate 10/17/18	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Day Rate 10/18/18	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
CEU's	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40
Certified Pool Operator Course	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395
Lifeguard Instructor Review	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
Guided Hike	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Section C- Payment Information

Check Payable to CPRS VISA MasterCard American Express

Credit Card Number: _____ **Exp. Date:** _____

Cardholder's Name: _____

Cardholder's Address: _____

Cardholder's Signature: _____

How to Register

Online: www.CPRS.org | Fax: 916-665-9149 | Mail: 7971 Freeport Blvd., Sacramento, CA 95832