



**LET'S DO IT!**

**2018 CONFERENCE  
REGISTRATION FORM**

Thursday, November 1, 2018

**REGISTRATION INFORMATION**

**NAME AND TITLE:** \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**NAME AND TITLE:** \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CONFERENCE FEES**

CONFERENCE ONLY ..... \$375.00

SYMPOSIUM AND CONFERENCE - INDIVIDUAL..... \$500.00

TWO OR MORE -  
SYMPOSIUM AND CONFERENCE .....\$450.00 X (\_\_\_\_) = \_\_\_\_\_

**TOTAL FEES:** ..... \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: CAL-ALHFA | EIN: 33-0348343**

**SEND COMPLETED REGISTRATION TO:**

**CAL-ALHFA Attn: Mary Ellen Shay, 1724 10th Street, Suite 110, Sacramento, CA 95811**

**TO PAY ON-LINE VISIT [WWW.CALALHFA.ORG](http://WWW.CALALHFA.ORG)**

**(916) 444-0288**



# 2018 SYMPOSIUM REGISTRATION FORM

Wednesday, October 31, 2018

## REGISTRATION INFORMATION

**NAME AND TITLE:** \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**NAME AND TITLE:** \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## SYMPOSIUM FEES

*(Per Person)*

SYMPOSIUM ONLY ..... \$200.00

TOTAL FEES: .....\$ \_\_\_\_\_

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