



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:\$ _____

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

(916) 444-0288