

# Legislative Conference Registration Form

## Tuesday, May 6, 2008



### Morning Session

Registration: 9:00 a.m.  
 Conference: 10:00 a.m. to 12:00 p.m. / Lunch on own: 12:00 to 1:00 p.m.  
 Location: Sheraton Grand, Gardenia Room, 1230 J Street, Sacramento, CA

### Afternoon Session

Legislative Appointments & Ice Cream Social: 1:30 to 4:00 p.m.  
 Location: California State Capitol, 10th & L Streets, Sacramento, CA 95814 — *Look for the balloon arch!*

**Please complete this form and fax it back to CCA at (916) 648.2738 today!**

EARLY BIRD RATE!!!	REGULAR RATE	PRE-REGISTRATION CLOSED
<b>Now Until April 12, 2008</b>	<b>April 13-29, 2008</b>	<b>April 30 - May 6, 2008</b>
<input type="checkbox"/> \$50 per CCA Member	<input type="checkbox"/> \$70 per CCA Member	<input type="checkbox"/> \$100 "At the Door" per CCA Member
<input type="checkbox"/> \$75 per Non-Member	<input type="checkbox"/> \$95 per Non-Member	<input type="checkbox"/> \$125 "At the Door" per Non-Member
<input type="checkbox"/> \$15 per Student CCA Member	<input type="checkbox"/> \$35 per Student CCA Member	
<input type="checkbox"/> \$35 per Student Non-Member	<input type="checkbox"/> \$55 per Student Non-Member	

Name \_\_\_\_\_ Chiropractic College \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**VERY IMPORTANT!!! To determine your state representatives, please visit CCA's Web site, [www.calchiro.org](http://www.calchiro.org). Go to "News & Legislation" and click on "My Elected Officials." Enter your HOME address, and you will be given your representatives.**

**Please list below:**

Assembly Member \_\_\_\_\_ Senator \_\_\_\_\_  
 Assembly District # \_\_\_\_\_ Senate District # \_\_\_\_\_

*If you personally know a member of the state Senate or Assembly, please indicate the name of the legislator and the nature of your relationship:*

\_\_\_\_\_  
 Please indicate special needs for any members of your party with disabilities \_\_\_\_\_  
 \_\_\_\_\_

**Check payable to CCA.** Please mail check with this registration form. Check # \_\_\_\_\_

**Bankcard Payments:**  VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

PLEASE NOTE: Cancellations received in the CCA office through April 22, 2008, will be assessed a 10% service charge. Cancellations received April 23 and up to 5:00 pm May 2, 2008, will be assessed a 25% service charge. No shows or cancellations after 5:00 pm on May 2, 2008 are liable for the entire fee. All cancellations must be in writing. If CCA cancels for any reason, CCA's liability is limited to the return of the registration fee only. CCA will not reimburse registrant for any travel, hotel or other fees or penalties. Checks returned due to insufficient funds and/or stop payment are subject to a \$25 returned check fee. Please submit one form per registrant. Retain a copy of this form for your records. If you fax your registration form, you must pay by credit card.

[www.calchiro.org](http://www.calchiro.org)

**California Chiropractic Association** 1600 Sacramento Inn Way, Suite 106, Sacramento, CA 95815 Phone (916) 648.2727 Fax (916) 648.2738