

MAKING CONNECTIONS

Guest Registration Form

Name _____

Name for Badge (if different from above) _____

Registered Attendee's Name _____

Onsite Emergency Contact _____ Phone # _____

If different from Registered Guest:

Email Address _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

In compliance with the Americans with Disabilities Act (ADA), please note any special needs required in order to fully participate in the conference.

CAPCA reserves the right to substitute speakers as necessary. The CAPCA Conference is designed to educate and enlighten only, not to substitute for professional advice based on individual needs. Attendees will not hold CAPCA liable for lost, stolen or damaged items, or for personal injury or damages due to the participation and attendance before, during or after the conference.

PAYMENT

Check

Visa

Mastercard

American Express

Cash

IF USING A CREDIT CARD, PLEASE WRITE CREDIT CARD # AND REQUESTED INFORMATION BELOW

Credit Card # _____ CV# _____ Expiration Date _____

Signature _____

FEES

_____ \$125.00 – Guest/Spouse

_____ \$75.00 - Child _____
(name)

\$ _____ Total Fees

Registration fees include breakfasts, membership luncheon, receptions, meetings, & Agri-Expo.

Spouse & Child's fee does not include continuing education hours.

FOR CAPCA USE ONLY: Date _____ Check # _____ \$Paid _____ Rec'd by _____