

County Enginneers Association Of California (CEAC) *Registration* FORM

Wednesday, November 20 – Friday, November 22, 2013 San Jose Marriott, Hilton San Jose and San Jose McEnery Convention Center

REGISTRATION

CSAC Member

Full Registration

Caltrans

Non-CEAC Member

Wednesday Registration

CEAC TICKETED EVENTS

& Annual Banquet

CEAC Friday Breakfast

(CEAC Members/Guests)

Annual Meeting information.

CLODS BBQ

CEAC Retired CLODS/Life Members

Tuesday Exhibitor Opening & Reception

Thursday CSAC President's Reception

Wednesday Exhibitor Showing & Luncheon

Note: Tickets must be purchased for guests, spouses

credit card registrations may be faxed to 916/441-5507.

Advance registrants unable to attend may send a substitute.

Thursday Registration

Before 9/27/2013

\$600.00

\$700.00

\$600.00

\$385.00

\$425.00

(Includes Thursday breakfast, CLODS BBQ and Friday Breakfast)

CLODS BBQ. CSAC President's Reception and Annual Banquet.

Note: A full CEAC registration includes program materials, General Sessions, two full

Breakfasts, Workshops, Policy Committee Meetings, Exhibitor Showing & Luncheon,

and complimentary registrations to gain admission to any of the above events.

Note: Make all checks payable to: CSAC. Send to: CSAC, ATTN: Lisa Currie/ CSAC Registration, 1100 K Street, Ste. 101, Sacramento, CA 95814. ONLY

Refund Policy: Requests for refunds must be received by Friday, November

1, 2013. After November 1, 2013, refund requests will not be accepted.

Register and pay conference fees online through the CSAC Website. Just go to: www.csac.counties.org and click on the CSAC 119th

Before 11/1/2013

\$650.00

\$750.00

\$650.00

\$410.00

\$450.00

Complimentary

On-Site

\$700.00

\$800.00

\$700.00

\$435.00

\$475.00

Price Per Person

\$85.00

\$60.00

\$50.00

\$125.00

\$55.00

Advance Registration & Cancellation Deadline: Friday. November 1, 2013

Please make a copy for each individual registration. Registrations received without payment will not be processed until payment is received. *Please type or print clearly as the information with asterisks (*) will appear on your name badge.*

* Name
 * Nickname
 * Nickname
 * Title
 * Title
 * County/Company/Affiliation
 * Guest/Spouse
 Address
 City
 State
 ZIP
 Telephone
 Fax Number
 E-Mail Address
In case of an emergency, please contact (list someone who can be reached after normal work hours):
 Name

Daytime Phone

Evening Phone

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If you require special accommodations related to facility access, communication and/or diet, please list below:

IS THIS YOUR FIRST TIME ATTENDING A CSAC CONFERENCE?

PAYMENT OPTIONS

Form of Payment: Visa MasterCard Amex Check

Name of Card Holder

Billing Address and Zip Code of Credit Card

Credit Card's 3-Digit Security Code (located on back of card)

Credit Card Number: CSAC Tax ID 94:60000551 Exp. Date: