CALSPro **Annual Conference**

September 23-25, 2022 Hilton San Jose

Registration Form Register online! www.calspro.org

Address:	City:	State: Zip:	
Phone Number:	Fax:E-mail:		
Attendee Name:	Attendee Name:	Attendee Name:	
(Print the way you would like your name badge to read)	(Print the way you would like your name badge to read)	(Print the way you would like your name badge to read	
Full Registration – Member Registration \$425	Full Registration – Member Registration \$425	Full Registration – Member Registration \$425	
"Member" includes employees of a current Member. Full registration includes all conference events.	"Member" includes employees of a current Member. Full registration includes all conference events.	"Member" includes employees of a current Member. Full registration includes all conference events.	
I will attend: San Pedro Friday Social Saturday Banquet	I will attend: San Pedro Friday Social Saturday Banquet 	I will attend: San Pedro Friday Social Saturday Banquet 	
Full Registration – Non-member	Full Registration – Non-member	Full Registration – Non-member	
Significant Other All events \$425 Friday Welcome Reception \$75 Friday San Pedro Social \$50 Saturday Lunch Only \$85 Saturday Banquet Only \$120 Saturday Edu. & Lunch (no banquet) \$175	Significant Other All events \$425 Friday Welcome Reception \$75 Friday San Pedro Social \$50 Saturday Lunch Only \$85 Saturday Banquet Only \$120 Saturday Edu. & Lunch (no banquet) \$175	Significant Other All events \$425 Friday Welcome Reception \$75 Friday San Pedro Social \$50 Saturday Lunch Only \$85 Saturday Banquet Only \$120 Saturday Edu. & Lunch (no banquet) \$175	
Golf Tournament \$150	Golf Tournament	Golf Tournament \$150	
CCPS Workshop- See Separate Form	CCPS Workshop- See Separate Form	CCPS Workshop- See Separate Form	
Full registration costs increase \$100 on September 10th.	Full registration costs increase \$100 on September 10th.	Full registration costs increase \$100 on September 10th.	
🗖 l am a 2022 new member.	I am a 2022 new member.	🗖 I am a 2022 new member.	
Total: \$	Total: \$	Total: \$	







VIA MAIL: 2520 Venture Oaks Way, Suite 150 Sacramento, CA 95833

PAYMENT OF FEES:

GRAND TOTAL: \$ _

Cardholder Name:____ Signature: ___

Card Number:

Company Name

Check (payable to CALSPro		Check (payable	to CALSPro)
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AmEx Visa MasterCard Last 4 Digits of Card #: _____

_____ Address: _____

Exp. Date:_____ 3-4 Digit Security Code: ____