County Engineers Association of California
(CEAC) Registration Form
Tuesday, December 1 – Friday, December 4
Marriott & Portola Hotels, Monterey

Early-Bird Registration Deadline: *Friday, October 9, 2015*
Advance Registration Deadline: *Friday, November 20, 2015*
Cancellation Deadline: *Friday, November 20, 2015*

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   * 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

IS THIS YOUR FIRST TIME ATTENDING A CSAC CONFERENCE? _____

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

_____

REGISTRATION RATES	By 10/9	By 11/20	On-Site	
CEAC Member Full Registration	$625.00	$675.00	$725.00	$_____
Non-CEAC Member	$725.00	$775.00	$825.00	$_____
Caltrans	$625.00	$675.00	$725.00	$_____
Wednesday Registration	$410.00	$435.00	$470.00	$_____
Thursday Registration	$450.00	$475.00	$500.00	$_____
CEAC Retired CLODS/Life Members		Complimentary		
(Includes Thursday breakfast, CLODS BBQ and Friday Breakfast)				

Note: A full CEAC registration includes program materials, General Sessions, two full Breakfasts, Workshops, Policy Committee Meetings, Exhibitor Showing & Luncheon, CLODS BBQ, CSAC President's Reception and Annual Banquet.

CEAC TICKETED EVENTS	Price Per Person	
Tuesday Exhibitor Opening & Reception	$ 80.00	$_____
Wednesday Exhibitor Showing & Luncheon	$ 65.00	$_____
CLODS BBQ	$ 50.00	$_____
Thursday CSAC President's Reception	$125.00	$_____
& Annual Banquet		
CEAC Friday Breakfast (CEAC Members/Guests)	$ 55.00	$_____

TOTAL AMOUNT DUE   **$_____**

PAYMENT OPTIONS

Form of Payment: ❑Visa   ❑MasterCard   ❑Amex   ❑Check

Name of Card Holder: _____

Billing Address Zip Code of Credit Card: _____

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

Credit Card Number: _____-_____-_____-_____   Exp. Date: _____

CSAC Tax ID 94:6000551

Note: Make all checks payable to: CSAC. Send to: CSAC, ATTN: Lisa Currie/CSAC Registration, 1100 K Street, Ste. 101, Sacramento, CA 95814. ONLY credit card registrations may be faxed to 916/441-5507.

Refund Policy: Requests for refunds must be received by Friday, November 13, 2015. After this date, refund requests will not be accepted. Advance registrants unable to attend may send a substitute.

Register and pay conference fees online through the CSAC Website. Just go to: www.counties.org and click on the CSAC 120th Annual Meeting information.