

"Golden Opportunities in CEA"

Merchandise - Teaching - Celebrating

50th Annual Education Conference

September 22-25, 2005 Long Beach, CA



Registration Form

September 22-25, 2005, Long Beach CA

For confirmation of reservation, please submit duplicate form with stamped, self-addressed envelope.

IMPORTANT – PLEASE COMPLETE AND RETURN BOTH SIDES OF THIS FORM.

PLEASE TYPE OR PRINT For additional registrations, please duplicate this form

Last Name: _____ First Name: _____
Title: _____ Company: _____
Address: _____ Home Address Business Address
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-Mail: _____

IMPORTANT:

Please initial here if you DO NOT want your name and address provided to our vendors/exhibitors/sponsors: _____

PLEASE CHECK ALL THAT APPLY

- | | | | |
|--------------------------------------------|--------------------------------|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Member | <input type="checkbox"/> CEO | <input type="checkbox"/> CEI | Name of Regional Association(s)

_____ |
| <input type="checkbox"/> Non-Member | <input type="checkbox"/> CLEO | <input type="checkbox"/> CBSS | |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> CSEO | <input type="checkbox"/> CMHS | |
| <input type="checkbox"/> Exhibitor | <input type="checkbox"/> CSLEO | <input type="checkbox"/> Vegetarian Meals | |
| <input type="checkbox"/> 1st Time Attendee | <input type="checkbox"/> CET | <input type="checkbox"/> Disability: _____ | |

REGISTRATION FEES

- PACKAGE "A" (FULL REGISTRATION)** **\$405.00**
Includes all events including lunches, for Friday, Saturday and Sunday, excluding Governor's Ball (Saturday night event).
- PACKAGE "B" (FRIDAY AND SATURDAY REGISTRATION)** **\$370.00**
Includes all events including lunches, for Friday and Saturday, excluding Governor's Ball (Saturday night event).
- PACKAGE "C" (SATURDAY AND SUNDAY REGISTRATION)** **\$330.00**
Includes all events including lunches, for Saturday and Sunday, excluding Governor's Ball (Saturday night event).
- PACKAGE "D" (SINGLE DAY REGISTRATION - check day/s)** **\$225.00**
•Single day purchase includes workshops and luncheon/brunch only for one day.
 FRIDAY SATURDAY SUNDAY

REGISTRATION FEE: \$ _____

DISCOUNTS

- EARLY BIRD DISCOUNT BEFORE AUGUST 1, 2005 (postmarked before 8/1/05)** (\$ 50.00)
- PROFESSIONAL DESIGNATION HOLDER DISCOUNT** (\$ 25.00)
- FIRST TIME ATTENDEE DISCOUNT (Does NOT apply to P.D. Holders)** (\$ 35.00)

SUBTOTAL #1 – TOTAL INDIVIDUAL DISCOUNTS: (\$ _____)

SUBTOTAL #2 – REGISTRATION FEE LESS DISCOUNTS: \$ _____

- COMPANY DISCOUNT** (For companies sending 3 or more employees to the conference, take 10% off of the SUBTOTAL #2 amount. Registration forms for each employee must be sent together with one company payment.) (\$ _____)

SUBTOTAL #3 – TOTAL REGISTRATION FEES: \$ _____

PLEASE COMPLETE FORM CONTINUED ON OTHER SIDE

CONTINUED FROM OTHER SIDE

Last Name _____ **First Name** _____

MISCELLANEOUS

ENTER AMOUNT FROM SUBTOTAL #3 ON PREVIOUS PAGE: \$ _____

- NON-MEMBERS**
\$30 may be applied to 2006 membership if application is received by December 31, 2005. **\$ 60.00**
 - P.D. C.E. BARCODE CARD REPLACEMENT OR NEW** **\$ 15.00**
 - GOVERNOR'S BALL AT THE MADISON RESTAURANT** (Saturday night event)
Tickets – \$95.00 per person. Table reservations may be made for parties of 6 to 10 persons.
Number of single tickets @ \$95.00 _____ **\$** _____
OR
 - I wish to purchase a table of** _____ **persons @ \$95.00 per person** **\$** _____
(Space is limited: payment must accompany this form.)
(We will do our best to accommodate all table reservations, however, all tables will be full and some parties may be split.)
 - ADDITIONAL MEAL TICKETS (please fill in total amount)** **\$** _____
 - Friday Lunch: Quantity** _____ **@\$45.00** **\$** _____
 - Saturday Lunch: Quantity** _____ **@\$45.00** **\$** _____
 - Sunday Brunch: Quantity** _____ **@\$45.00** **\$** _____
 - ON-SITE REGISTRATION FEE (applies to registrations received after 9/1/05 and on-site)** **\$ 60.00**
- GRAND TOTAL DUE: \$** _____

EDUCATIONAL SESSIONS

I plan to attend the following educational sessions. Note, this is so that we have an estimated attendance count. You are not committed to attend your selection, nor does CEA guarantee your space in the session. Session times and topics are subject to change.

- 1
- 2
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- 22
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- 24
- 25
- 26
- 27
- 28
- 29
- 30 - Brunch

PAYMENT *Please check all that apply*

Enclosed is: Company Check # _____ Personal Check # _____

Charge my Credit Card: MC VISA Amount of \$ _____

Card No. _____ Exp. _____

Name on Card: _____ Signature of Cardholder: _____

Credit Card Billing Address: _____

For Company Discount, please complete:

*Name of Company: _____ Check Number: _____ Amount: _____

Names of Other Registrants: _____

Cancellations must be submitted in writing to CEA Headquarters.
Cancellations received on or before August 25th will receive a full refund less a \$50.00 per person processing fee.
No refunds will be granted after August 25th.

PLEASE RETURN REGISTRATION FORM WITH PAYMENT TO:

CEA Headquarters
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833

(916) 239-4075 – phone
(916) 924-7323 – fax
www.ceaescrow.org / cea@camgmt.com