

**CALIFORNIA ESCROW ASSOCIATION**

October 2-5, 2003, Fairmont Hotel, San Jose, California

**For confirmation of reservation, please submit duplicate form with stamped, self-addressed envelope.****IMPORTANT - PLEASE RETURN BOTH SIDES OF THIS FORM.****2003 CONFERENCE REGISTRATION**

Please return registration form with payment to:

CEA, 530 Bercut Drive, Suite G, Sacramento, CA 95814

Phone: (916) 325-0600 Fax: (916) 325-9990

ceaescrow.org/cea@camgmt.com

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**IMPORTANT:**

Please initial here if you DO NOT want your name and address provided to our vendor/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"/> BSS	_____
<input type="checkbox"/> Speaker	<input type="checkbox"/> CSEO	<input type="checkbox"/> MHS	_____
<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 PRICES**

<input type="checkbox"/> <b>PACKAGE "A" (FULL REGISTRATION)</b>	<b>\$405.00</b>
Includes all events for Friday, Saturday and Sunday, excluding Saturday night.	
<input type="checkbox"/> <b>PACKAGE "B" (FRIDAY AND SATURDAY REGISTRATION)</b>	<b>\$370.00</b>
Includes all events for Friday and Saturday, excluding Saturday night.	
<input type="checkbox"/> <b>PACKAGE "C" (SATURDAY AND SUNDAY REGISTRATION)</b>	<b>\$330.00</b>
Includes all events for Saturday and Sunday, excluding Saturday night.	
<input type="checkbox"/> <b>PACKAGE "D" (SINGLE DAY REGISTRATION - check day/s)</b>	<b>\$225.00</b>
•Single day purchase includes workshops and luncheon/brunch only for one day.	
<input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	
<input type="checkbox"/> <b>NON-MEMBERS</b>	<b>\$ 30.00</b>
<input type="checkbox"/> <b>SATURDAY NIGHT CONFERENCE PARTY (please fill in total amount)</b>	
Quantity _____ @\$75	\$ _____
<input type="checkbox"/> <b>ADDITIONAL MEAL TICKETS (please fill in total amounts)</b>	\$ _____
Friday Lunch: Quantity _____ @\$45	\$ _____
Saturday Lunch: Quantity _____ @\$45	\$ _____
Sunday Brunch: Quantity _____ @\$45	\$ _____
<input type="checkbox"/> <b>ON-SITE REGISTRATION FEE (applies to registrations received after 10/1/03 incl. on-site)</b>	<b>\$ 50.00</b>

SUB-TOTAL #1: \$ \_\_\_\_\_

**LESS DISCOUNTS**

<input type="checkbox"/> <b>EARLY BIRD BEFORE SEPTEMBER 1, 2003 (postmarked before 9/1/03)</b>	<b>(\$ 50.00)</b>
<input type="checkbox"/> <b>PROFESSIONAL DESIGNATION HOLDER</b>	<b>(\$ 25.00)</b>
<input type="checkbox"/> <b>FIRST TIME ATTENDEE (Does NOT apply to P.D. Holders)</b>	<b>(\$ 35.00)</b>
	<b>SUB-TOTAL #2: \$ _____</b>
<input type="checkbox"/> <b>COMPANY DISCOUNT (For companies sending 3 or more employees to the conference, take 10% off of the Sub-Total #2 amount. Registration forms for each employee must be sent together with one company payment.)</b>	<b>(\$ _____)</b>

GRAND TOTAL DUE: \$ \_\_\_\_\_

**PLEASE COMPLETE PAGE TWO**

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## PAGE TWO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## EXAMS

**NOTARY EXAM - Friday, October 3, 2003 - 11:00 a.m.**

Space is limited - please check this box if you wish to take the exam - on-site exam registrations will not be accepted. Additional fee applies - to be paid directly to CPS at time of event.

**PROFESSIONAL DESIGNATION EXAM - Sunday, October 5, 2003 - 8:00 a.m.**

Additional Forms and Fees Required - Application Must Be Submitted to Regional Chair By August 29, 2003 To Take This Exam. Call Headquarters for More Information - 916.325.0600

## 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    3    4    5    6    7    8    9    10    11    12
- 13    14    15    16    17    18    19    20    21    22    23    24
- 25    26    27    28 - BRUNCH

## PAYMENT

Enclosed is:     Company Check # \_\_\_\_\_     Personal Check # \_\_\_\_\_

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

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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 September 19th will receive a full refund less a \$50.00 processing fee.  
No refunds will be granted after September 19th.**