

CALIFORNIA ESCROW ASSOCIATION

October 14-17, 2004, 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.

2004 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

www.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"/> 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 PRICES

- PACKAGE "A" (FULL REGISTRATION)** **\$405.00**
Includes all events including lunches, for Friday, Saturday and Sunday, excluding Saturday night.
- PACKAGE "B" (FRIDAY AND SATURDAY REGISTRATION)** **\$370.00**
Includes all events including lunches, for Friday and Saturday, excluding Saturday night.
- PACKAGE "C" (SATURDAY AND SUNDAY REGISTRATION)** **\$330.00**
Includes all events including lunches, for Saturday and Sunday, excluding Saturday night.
- 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
- NON-MEMBERS** **\$ 60.00**
\$30 may be applied to 2005 membership if application is received by December 31, 2004.
- SATURDAY NIGHT CONFERENCE PARTY (please fill in total amount)**
Quantity _____ @\$75 (please see page two) \$ _____
- ADDITIONAL MEAL TICKETS (please fill in total amounts)** \$ _____
Friday Lunch: Quantity _____ @\$45 \$ _____
Saturday Lunch: Quantity _____ @\$45 \$ _____
Sunday Brunch: Quantity _____ @\$45 \$ _____
- ON-SITE REGISTRATION FEE (applies to registrations received after 10/1/04 and on-site)** **\$ 50.00**

SUB-TOTAL #1: \$ _____

LESS DISCOUNTS

- EARLY BIRD BEFORE SEPTEMBER 1, 2004 (postmarked before 9/1/04)** **(\$ 50.00)**
 - PROFESSIONAL DESIGNATION HOLDER** **(\$ 25.00)**
 - FIRST TIME ATTENDEE (Does NOT apply to P.D. Holders)** **(\$ 35.00)**
- SUB-TOTAL #2:** \$ _____
- 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.)** **(\$ _____)**

GRAND TOTAL DUE: \$ _____

PLEASE COMPLETE PAGE TWO

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PAGE TWO

Last Name _____ First Name _____

MISCELLANEOUS

Please check all that apply.

GOLF TOURNAMENT - Thursday, October 14, 2004 - Separate Registration Form Required

PROFESSIONAL DESIGNATION EXAM - Thursday, October 14, 2004 - 8:00 a.m.

Additional Forms and Fees Required - A Separate Application Must Be Submitted to your Regional Chair By September 15, 2004 To Take This Exam.

Call Headquarters for More Information - 916.325.0600 or Obtain an Application On-Line at www.ceaescrow.org

NOTARY EXAM - Friday, October 15, 2004 - 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.

ESCROW IDOL LIP SYNC COMPETITION - Saturday, October 16, 2004 - 7:00 p.m.

Entry Deadline: September 1, 2004

I will be an Escrow Idol Lip Sync Contestant

Single Performer Group Performer/Name of Group: _____

Duo Performer/Name of Duo: _____

Name of Song: _____ Artist: _____

Representing (insert name of) _____ Region(s)

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 29 30 - BRUNCH

PAYMENT

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 September 17th will receive a full refund less a \$50.00 per person processing fee.

No refunds will be granted after September 17th.