



# UCLA Lake Arrowhead Conference Center

**October 17-19, 2018**

## Registration Form

### Section A- Registrant Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Company/Agency:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Food Allergies:**    Vegetarian    No Gluten    No Dairy    Other: \_\_\_\_\_

**ADA Requests:**    For ADA requests and questions concerning accessibility, contact CPRS at 916-665-2777. Accommodations such as interpreters cannot be guaranteed without 30 days' notice. To ensure availability, requests must be made by September 1.

### Section B- Registration Information

Your selection below is subject to membership verification. If you need assistance with your membership status, please call the CPRS registrar at 916-665-2777.

**CPRS Member Number:** \_\_\_\_\_ **Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone Number:** \_\_\_\_\_

**For Shared Housing Purposes:** \_\_\_\_\_ **Gender:**    Male    Female

**Will you be the age of 21 and over by October 10, 2018:**    Yes    No

**Preferred Roommate Choice(s):** \_\_\_\_\_

|                                | On or Before July 31, 2018     |                                | August 1-September 1, 2018     |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
|                                | Member                         | Non-Member                     | Member                         | Non-Member                     |
| CAMS Registration              | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$620 | <input type="checkbox"/> \$685 | <input type="checkbox"/> \$710 |
| Single Room (Add. Fee)         | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$225 |
| Day Rate 10/17/18              | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$220 |
| Day Rate 10/18/18              | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$220 |
| CEU's                          | <input type="checkbox"/> \$20  | <input type="checkbox"/> \$40  | <input type="checkbox"/> \$20  | <input type="checkbox"/> \$40  |
| Certified Pool Operator Course | <input type="checkbox"/> \$395 | <input type="checkbox"/> \$395 | <input type="checkbox"/> \$395 | <input type="checkbox"/> \$395 |
| Lifeguard Instructor Review    | <input type="checkbox"/> \$60  | <input type="checkbox"/> \$60  | <input type="checkbox"/> \$60  | <input type="checkbox"/> \$60  |
| Guided Hike                    | <input type="checkbox"/> \$30  | <input type="checkbox"/> \$30  | <input type="checkbox"/> \$35  | <input type="checkbox"/> \$35  |
| <b>TOTAL</b>                   | \$ _____                       | \$ _____                       | \$ _____                       | \$ _____                       |

### Section C- Payment Information

Check Payable to CPRS    VISA    MasterCard    American Express

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Address:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

### How to Register

Online: [www.CPRS.org](http://www.CPRS.org) | Fax: 916-665-9149 | Mail: 7971 Freeport Blvd., Sacramento, CA 95832