



California Aquatic
Management School

aquatics

October 9-11, 2019

Registration Form

Granlibakken Conference Center
Lake Tahoe, California

SECTION A—REGISTRANTS INFORMATION

First Name _____ Last Name _____

Company/Agency _____ Title _____

Address _____ City/State/Zip _____
(_____)

Phone _____ Email _____
(_____)

In Case of Emergency Contact _____ Phone _____

Food Allergies: Vegetarian No Gluten No Dairy Other: _____

ADA Request: For ADA requests and questions concerning accessibility, contact CPRS, 916-665-2777. Accommodations such as interpreters cannot be guaranteed without 30 days notice. To ensure availability, requests must be received by September 9.

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 Membership Number: _____ Emergency Contact Name: _____ Emergency Contact Phone: _____

For Shared Housing Purposes: Gender: Male Female

Will you be age 21 and over by October 8, 2019: Yes No

Preferred Roommate Choice (s): _____

	On or before July 31, 2019		August 1—September 1, 2019	
	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 10/10/19*	<input type="checkbox"/> \$195	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220
Day Rate 10/11/19*	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
CEU's	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40
Total:	\$ _____	\$ _____	\$ _____	\$ _____

* for a single (Wed or Thurs.) nights stay at the lodge, please contract the Granlibakken directly.

SECTION C—PAYMENT INFORMATION

Payment information must be included to complete processing.

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 | Fax: 916-665-9149 | Mail: 7971 Freeport Blvd., Sacramento, CA 95832