



REGISTRATION APPLICATION FOR CIWMB STAFF

PLEASE SUBMIT TO: MELISSA HOOVER-HARTWICK AT mhoover@ciwmb.ca.gov

Deadline to register is September 24, 2007

Name: _____ Supervisor's Signature: _____

PCA: _____ Phone: _____ E-mail: _____

Special Needs (dietary/disability) _____

A. CONFERENCE PACKAGE: Includes meals, use of conference facilities, field trip, exhibitor demonstrations, reception (depending on which days in attendance) and all applicable conference fees and taxes.

October 16 – 18, 2007 **\$250** =\$ _____

TWO FULL DAYS (please indicate which days) **\$200** =\$ _____

October 16, 2007

October 17, 2007

October 18, 2007

ONE DAY (please indicate which day) **\$125** =\$ _____

October 16, 2007

October 17, 2007

October 18, 2007

B. CONFERENCE LODGING: Please indicate the number of nights you will require lodging, and any room preferences (i.e. non-smoking, type of bed). We will try to accommodate all requests; however rooms are based on availability.

October 15, 2007 **\$139 + tax** =\$ _____

October 16, 2007 **\$139 + tax** =\$ _____

October 17, 2007 **\$139 + tax** =\$ _____

Room preferences _____

C. TOTAL AMOUNT =\$ _____

TO BE PAID DIRECTLY TO CSUS

A. GUEST FEE: Includes 3 breakfasts, 3 lunches, 2 dinners, reception and all applicable conference fees and taxes

Name of Guest: _____ #Guests _____ @ **\$225** each =\$ _____

B. GUEST RECEPTION FEE: Includes attendance at conference reception.

Name of Guest: _____ #Guests _____ @ **\$40** each =\$ _____

PLEASE INDICATE IF YOU WILL BE ATTENDING THE FIELD TRIP:

_____ **YES, I WILL ATTEND MIRAMAR LANDFILL FIELD TRIP**

_____ **YES, I WILL ATTEND RELIABLE TIRES, INC FIELD TRIP**

_____ **NO, I WILL NOT ATTEND A FIELD TRIP**