

# 2019 CAL-JAC CONFERENCE REGISTRATION FORM

Complete this form to register for the Cal-JAC Conference and/or the Golf Tournament and Dinner Reception.  
Please complete this information as it should appear on participant's name badge:

DEPARTMENT NAME \_\_\_\_\_

FIRST NAME	LAST NAME	REPRESENTING MGMT., LABOR OR GUEST	CONF. REG. (\$450)	GOLF/ DINNER (\$230)	DINNER ONLY (\$80)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

..... CONTACT INFORMATION .....

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

( )  
Phone Number

..... HOTEL INFORMATION .....

Have you made your hotel accommodations at the Westin Mission Hills?  YES  NO

If you have:

\_\_\_\_\_  
Name on reservations

\_\_\_\_\_  
Reservation/Confirmation #

\_\_\_\_\_  
How many rooms?

## METHOD OF PAYMENT

Conference No Shows/Cancellations made less than **72 hours** in advance will be charged in full based on payment type below.

### Department Cal-JAC Reimbursement Account

Conference Registration	# Individual(s)	\$450.00	=	\$ _____
Golf Tournament/Dinner	# Individual(s)	\$230.00	=	\$ _____
Dinner Reception Only	# Individual(s)	\$80.00	=	\$ _____

**TOTAL DUE \$** \_\_\_\_\_

**Hotel Expenses\* (check all that apply)**

Room, Tax, Resort Fees                      Hotel Meals                      Other (please specify): \_\_\_\_\_

These expenses will be billed directly to Cal-JAC from the hotel unless otherwise indicated. All other expenses incurred should be submitted on an expense voucher and signed by your fire chief or authorized representative.

**Each participant is responsible for making their own hotel reservation and must guarantee their room with a credit card, even if Cal-JAC is billed directly for the hotel expenses.**

If you are requesting expenses to be paid from the Department's Cal-JAC Reimbursement Account, please have your Fire Chief or authorized representative sign below:

I hereby authorize the expenses indicated above to be paid from my Department's Cal-JAC Reimbursement Account.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name of fire chief or authorized representative

\_\_\_\_\_  
Date

### VISA/MASTERCARD or Check

Conference Registration	# Individual(s)	\$450.00	=	\$ _____
Golf Tournament/Dinner Reception	# Individual(s)	\$230.00	=	\$ _____
Dinner Reception Only	# Individual(s)	\$80.00	=	\$ _____

**TOTAL DUE \$** \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cardholder's Phone