



CAFCC REGISTRATION FORM

(Please Print)

COST: \$43.00

| | | | | | |
|------------|--------|---------|---|---|-----------------|
| Last Name: | First: | Middle: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss <input type="checkbox"/> Ms. | Position Title: |
| | | | | | |

| | |
|-----------------|-----------------|
| Street address: | Home phone no.: |
| | () |

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|-----------|-------|--------|-----------|---------------------|
| P.O. box: | City: | State: | Zip Code: | First time attendee |
| | | | | |

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|---------------|--|-----------------|
| Association:: | To join CAFCC or NAFCC Go to www.cafcc.org SPECIAL CONFERENCE RATE TO JOIN CAFCC IS \$25.00 NAFCC CKS SHOULD BE MADE TO NAFCC \$45.00 | Cell phone no.: |
| | | () |

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|--------|----------|
| Email: | Website: |
| | |

| Agency Staff | Agency Name |
|--|--|
| Remit Payment payable to CAFCC | MAIL PAYMENT TO Barbara Terrell 2168 Vicksburg Ave Oakland, Ca 94601 |
| Attendees taking CPR Renewal Make checks out to Sharon Coleman | |
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PAYMENT

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|--|---|---|
| Or Remit payment to/Checks made payable to: CAFCC P.O. Box 8754 Emeryville, CA. 94662 | Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Credit Card Number | Expiration Date: 3 digit code: |
| Conference Fee \$43.00 <i>Lunch Included</i> | | |

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|------------------------|-------|
| Participant Signature: | Date: |
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