



Fall 2017 Forum
Collaborate for Results

Hilton Sacramento Arden West
2200 Harvard St, Sacramento, CA 95815
(916) 922-4700

November 2 & 3, 2017

FORUM REGISTRATION FORM

Timely Registrations Must Be Postmarked No Later Than October 6, 2017

REGISTRANT (Please Print/Type):

Name _____ Phone _____

E-Mail _____ OR Fax _____

Organization _____

Address _____

Are you currently: CADTP Certified: _____ CADTP Registered: _____ CADTP Member: _____

REGISTRATION & FEES: Includes applicable meals (check applicable fee):

For CADTP Organizational Members, Their Employees and/or Those AOD Registered/Certified with CADTP - (see Discount Rate)

_____ Full Forum (Thursday & Friday) @ \$290 / person

_____ One Day (Thursday or Friday) @ \$150 / person

_____ Yes I will attend the CADTP Organizational Member Reception and General Meeting on 11/1/17 at 6:00pm

For Non-Members:

_____ Full Forum (Thursday & Friday) @ \$340 / person

_____ One Day (Thursday or Friday) @ \$200 / person

Please use one registration form per registrant (You may photocopy for additional registration forms).

Please NOTE:

- Mail your registration to: CADTP Fall Forum, 1731 Howe Ave., PMB 352, Sacramento, CA 95825
There will be a 10% discount for companies that register three (3) or more employees at the same time (registrations must be received by CADTP on the same day).
Timely registrations must be postmarked no later than October 6, 2017.
CADTP accepts MasterCard and VISA payments.
There will be no refund of registration fees for cancellations received on/after October 6, 2017.
Registrants are responsible for making their own room reservations.

Unless prior written approval has been given by the CADTP Board, no attendee at the Forum is permitted to advertise its/his/her products and services, or to otherwise solicit other attendees to purchase those products and services.

Signature (Required)

Date

CREDIT CARD INFORMATION

CADTP

1731 Howe Ave., PMB #352 Sacramento, CA 95825
Phone: (800) 464-3597 | Fax: (866) 621-2286
www.cadtp.org | info@cadtp.org



(Master Card or Visa)

Please print or type:

Full Name (as it appears on the card): _____

Complete Billing Address: _____
Street City/State/Zip

Account Number: _____
Visa/MasterCard

Expiration Date: _____ Card ID Number*: _____
**Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature*

Total Amount to be charged: \$ _____

Authorized Signature: _____

Daytime Phone Number (in case there is a question) _____

Note: You may register by FAX only if you are paying with a credit card. Please FAX the completed registration and credit card information form to (866) 621-2286

This is a secured Fax, and will be received in a secure location.