



**CALIFORNIA ASSOCIATION OF DENTAL PLANS**  
**22<sup>nd</sup> Annual Legislative and Regulatory Conference**  
**January 17 - 18, 2012 ♦ Sacramento, CA**

**Registration Form**

*Please complete one form for each participant.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

V \_\_\_\_\_ F \_\_\_\_\_

E \_\_\_\_\_

**REGISTRATION FEES**

	<b>By Jan. 5</b>	<b>After Jan. 5/On-Site Fee</b>
<input type="checkbox"/> CADP member registrant	\$400	\$500
<input type="checkbox"/> CADP member - additional registrant(s), same company	\$300	\$400
<input type="checkbox"/> Non-Dental Specialized Plan (introductory rate)	\$400	\$500
<input type="checkbox"/> Non-CADP member registrant	\$500	\$600
<input type="checkbox"/> State rate (maximum of 2 attendees)	\$125	\$175

Total amount enclosed \$ \_\_\_\_\_

**PAYMENT INFORMATION**

MasterCard/VISA     American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**REGISTRATION DEADLINE**

Early registration must be made by January 12, 2012. A \$100 late fee will be added for registrations received after that date.

**CANCELLATION POLICY**

Only written cancellations received by January 12, 2012, will receive refunds (less a \$75 processing fee). No refunds will be made after that date.

**Please return this form and payment to:**

*CADP, One Capitol Mall, Suite 320, Sacramento, CA 95814*

v: 916.446.3122; f: 916.444.7462; Tax ID# 33-0385553

**QUESTIONS? CALL CADP: 916.446.3122, or FAX 916.444.7462**