Registration Information

REGISTRATION POLICIES

To qualify for advance registration fees, the CADP administrative office must receive registration form and payment by ***Wednesday, May 5, 2010***. Registrations received after that date are subject to late registration fees. Only written cancellations received by May 5 will receive refunds (less a $50 processing charge). ***No refunds will be issued for cancellations after that date.***

To Register: Registration forms must be complete and accompanied by payment. CADP accepts checks, Visa, MasterCard and American Express only. Checks should be made payable to CADP. If payment will be made by credit card, please complete the following information:

VISA ❒ MasterCard ❒ American Express ❒

Credit Card Number _____ Exp. Date ____ /____ Security Code _____

Name on Card _____ Zip Code _____

Signature _____

Questions? Call (916) 446-3122, FAX (916) 444-7462 or e-mail: ttyler@amgroup.us

REGISTRATION FEES

ANNUAL CONFERENCE — MAY 19-22, 2010

Registration Fees:	By May 5	After May 5
CADP member - 1st registrant from company	$655	$755
CADP member - Additional registrant(s), same company	$555	$655
AADC member	$655	$755
Non-CADP member	$905	$980
Non-affiliated spouse/guest (general sessions, luncheons)	$230	$255
Thursday Fun Night (spouse/guest)	$135	$155

(registrations in first four categories include one ticket for Fun Night)

DMHC COMPLIANCE WORKSHOP — MAY 21, 2010

Registration Fees:	By May 5	After May 5
DMHC Regulatory Workshop - 1st registrant	$155	$255
Additional registrant(s)	$130	$230

Note: *There is a separate fee for those who wish to attend this event only. If space is available, Annual Conference registrants may attend at no additional cost.*

QUALITY MANAGEMENT CONFERENCE — MAY 21-22, 2010

Registration Fees:	By May 5	After May 5
CADP member	$555	$655
AADC member	$555	$655
Non-CADP member	$755	$855
Thursday evening event *(optional)*	$130	$150

NOTE: *Quality Management Conference fees do not include the Thursday Fun Night. Tickets are $135 and may be purchased separately. Complete the "Thursday Fun Night" portion of the registration form and include payment with the registration fee.*

CONFERENCE REGISTRATION

Please type or print clearly. Your badge will reflect the information you give us. Make one copy for each person attending.

NAME _____ TITLE _____

ORGANIZATION _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

SPOUSE/GUEST NAME _____

Annual Conference Registration Fee	$_____
Quality Management Conference Registration Fee	$_____
Non-affiliated Spouse/Guest Registration Fee	$_____
Thursday Evening Event (optional event for Quality Management Conference & Spouse/Guest registrants)	$_____
DMHC Compliance Training Workshop	$_____
TOTAL FEE ENCLOSED	$_____

For office use only

Amt. paid _____

Amt. due _____

Fwd date _____

Reg date _____

Update _____

Mail or FAX registration form and payment or credit card information to CADP
One Capitol Mall, Suite 320, Sacramento, CA 95814-3229 FAX: 916.444.7462