

California Association of Social Rehabilitation Agencies

April 7 and 8, 2010

It's Not Just a Job, It's an Adventure!

San Mateo Marriott
1770 S. Amphlett Blvd., San Mateo

Contact Information

Name	Title
Organization	
Address	
City/State/Zip	
Phone #	
E-mail address	

Registration Fees

Please check appropriate box. Registration form must be postmarked by March 19, 2010 to avoid fee increase.

Conference Packages	Regular Price by 3/19/2010	Last Minute 3/20/2010 & after
CASRA/USPRA Members		
		USPRA Member #:
1-day 4/7	<input type="checkbox"/> \$155	<input type="checkbox"/> \$210
1-day 4/8	<input type="checkbox"/> \$155	<input type="checkbox"/> \$210
Both days	<input type="checkbox"/> \$310	<input type="checkbox"/> \$420
Non-members		
1-day 4/7	<input type="checkbox"/> \$180	<input type="checkbox"/> \$235
1-day 4/8	<input type="checkbox"/> \$180	<input type="checkbox"/> \$235
Both days	<input type="checkbox"/> \$360	<input type="checkbox"/> \$470
Consumer and Student		
1-day 4/7	<input type="checkbox"/> \$125	<i>Rate applies only to Consumers and Students who are not employed in the mental health field.</i>
1-day 4/8	<input type="checkbox"/> \$125	
Both days	<input type="checkbox"/> \$250	

Conference Registration

Registration

A check, money order, credit card information, or purchase order for the full amount of the conference must accompany each registration form. There will be a \$25 charge for all returned checks. **MAKE CHECKS PAYABLE TO CASRA.**

Please send completed registration form and payment to: CASRA Attn: Conference • PO Box 388 • Martinez, CA 94553. For credit card payment, fax to 925-229-9088.

Refund Policy

By registering for this conference, you are liable for the registration fee whether or not you attend. Refunds will be honored provided a written notice of cancellation is received by March 31st. All refunds will be assessed a \$25 processing fee, which will be deducted from the refund check. Refunds will be processed within 6 weeks from the date of the request.

Payment

Total Due \$ _____

Credit Card Information

MasterCard ___ Visa ___ Exp: _____

Card number _____

Name as it appears on card _____

Billing address _____

City/State/Zip _____