

SEPTEMBER 2009 CPAAC MEETING

ATTENDEE REGISTRATION FORM

	Number Attending From Your County	Total Cost
CPAAC Meeting September 16-18, 2009 (@ \$150.00 per attendee)	_____ X \$150	\$ _____

Includes the cost of all breaks and the
Following meals: -Thursday Breakfast,
Lunch & Dinner --Friday Breakfast

Wednesday Dinner is "No Host"

Name: _____

County/Organization: _____

Phone: _____ Email: _____

Please RSVP by mailing your completed Registration Form with check made out to
CPAAC to:

Michelle Schafer
CPAAC Treasurer
Shasta County Director of Support Services
1450 Court Street -- Room 348
Redding, CA 96001