

CRR 2020 Spring Conference

MEETING REGISTRATION & MEAL RESERVATIONS

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PLEASE READ ALL INSTRUCTIONS ON SEPARATE PAGE BEFORE COMPLETING THIS FORM

A fillable version of this form can be found on the CRR website: CaminoRealRegion.org, Please Type or Print Clearly

Soroptimist International of _____ District _____

Deadline for form: MARCH 27th !

Contact Person _____ E-mail: _____ Phone # (____) _____

NAME—PLEASE PRINT as it is to appear on your Conference Badge	Using Prepaid Room	President (P)	Delegate (include President in count)	Non-Delegate Fees		First Time Attendee	Fri Lunch	Fri Dinner	Sat Breakfast	Sat. Lunch	Sat. Dinner	Sun. Breakfast	Total Per Person
				\$45	\$15 ONE Meal only								
Place X in applicable Columns													

***SPECIAL NEEDS** Please use this section to describe any special needs or accommodations required during the Conference.

Copy This Form For Additional Registrations. Thank You! See you at our Conference.

\$20.00 LATE FEE PER PERSON _____ x \$20 =	
TOTAL ENCLOSED	