

FALL 2021 CONFERENCE REGISTRATION FORM

REGISTER ONLINE AT WWW.CAPRECASTCONCRETE.ORG

Producers—get a discount when 3 or more from the same company attend

Submit to cmiglino@caprecastconcrete.org | CPCA, P O Box 417, Rocklin CA 95677 | Fax (866) 831-2790

Name (as it will appear on badge): _____

Company: _____

Email Address _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse or Non-Industry Guest : _____ Guest email _____

Full Package: (includes all events & meals for registrant & guest; does not include Golf or Texas Hold'em)

Member \$ 575 \$ _____

Non-member \$ 675 \$ _____

Single Package: (Includes all events & meals for registrant only; does not include Golf or Texas Hold'em)

Member \$ 475 \$ _____

Non-member \$ 575 \$ _____

One Day Only \$ 275 \$ _____

Additional Events: (guests invited):

Golf # of players _____ @ \$150 \$ _____

Texas Hold'em Fundraiser
of players _____ @ \$200 \$ _____

Contact Opportunities:

Table Top Exhibit \$ 150 \$ _____

Speed Set \$ 150 \$ _____

REGISTRATION TOTAL \$ _____

SPONSORSHIP TOTAL \$ _____

REGISTRATION TOTAL \$ _____

Late Reg. Fee (after 10/24) @ \$50 \$ _____

Mel Marshall Scholarship Fund (any amount) \$ _____

TOTAL ENCLOSED Hit enter to calculate \$ _____

Top Sponsorships:

Diamond Sponsor \$1,000 \$ _____

Platinum Sponsor \$750 \$ _____

Gold Sponsor \$ 500 \$ _____

Silver Sponsor \$ 350 \$ _____

Golf Sponsorships:

First Place Team -\$500 (1 available) \$ _____

Second Place Team - \$400 (1 available) \$ _____

Closest to the Pin - \$175 (2 available) \$ _____

Longest Drive - \$175 (2 available) \$ _____

Tee sponsor - \$150 - (12 available) \$ _____

Event Sponsorships

Wednesday

Past President's Reception \$150 \$ _____

Thursday

Affiliate's Reception \$250 \$ _____

President's Dinner \$500 \$ _____

Extra sponsorship to reach top level \$ _____

SPONSORSHIP TOTAL \$ _____

Any dietary or accessibility requirements?

Payment Method: _____ Check Enclosed (payable to CPCA) or _____ Visa _____ MasterCard _____ AmEx

Name on Card _____

Card # _____

Expiration Date _____ Security Code _____

Billing Address including zip code _____