

FALL 2023 CONFERENCE REGISTRATION FORM

[REGISTER ONLINE AT WWW.CAPRECASTCONCRETE.ORG](http://WWW.CAPRECASTCONCRETE.ORG)

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

Submit to cmigliano@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: _____

Single Package: (Includes all events & meals for **registrant only**; does not include golf) **One Day Only** \$ 375 \$ _____
Dinner Only: (non-industry guest) \$ 115 \$ _____

Member \$ 525 \$ _____
 Non-member \$ 630 \$ _____

Additional Events (guests invited):
 Golf \$115 ea \$ _____

Full Package: (includes all events & meals for **registrant & guest**; does not include golf)

Member \$ 625 \$ _____
 Non-member \$ 730 \$ _____

REGISTRATION TOTAL \$ _____

<p>Top Sponsorships:</p> <p>Diamond Sponsor \$1,000 \$ _____ Platinum Sponsor \$ 750 \$ _____ Gold Sponsor \$ 500 \$ _____ Silver Sponsor \$ 350 \$ _____</p> <p>Event Sponsorships</p> <p>Wednesday Past President's Reception \$250 \$ _____</p> <p>Thursday Affiliate's Reception \$250 \$ _____ President's Dinner \$500 \$ _____</p>	<p>Golf Sponsorships</p> <p>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) \$ _____</p> <p>Contact Opportunities</p> <p>Table Top Exhibit \$ 150 \$ _____ Speed Set \$ 150 \$ _____</p> <p>SPONSORSHIP TOTAL \$ _____ <i>Thank you!</i></p>
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Late Reg. Fee (after 4/11/23) \$50 \$ _____

Mel Marshall Scholarship Fund (any amount) \$ _____

TOTAL ENCLOSED Registration, Sponsorship, Late fee, Donation \$ _____

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

Name on Card _____ Card # _____

Expiration Date _____ Security Code _____

Billing Address including zip code _____

Signature _____ Vegetarian or special dietary needs? _____