

March Spring Conference Table-Top Exhibitor BADGE Form

COMPANY NAME: _____

Badge #1

Nickname: _____

Full Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Badge #2

Nickname: _____

Full Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Badge #3

Nickname: _____

Full Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Exhibitor Box Lunch

_____ x \$25 = \$ _____

Includes: Turkey Sandwich, Fresh Whole Fruit, Potato Chips, Cookie & Bottled Water

Check Visa MasterCard Amex

Name on Card _____

Account # _____

Exp. Date ____ / ____ Security Code _____

Signature _____

Conference registration, golf, State Capitol tour, CAHF PAC Lunch and New Laws session must be purchased separately. See online registration form. Indicate desired options and return form with payment. If additional name badges are required, copy this form. **Registration questions? Call Debbie Ross, CAHF Conference Registrar at (916) 441-6400 x109 or dross@cahf.org. Exhibiting questions? Call Debra Kurtti, QCHF Education Manager at (916) 441-6400 x215 or dkurtti@cahf.org**

Fax: (916) 446-4454 ❖ E-mail: dross@cahf.org ❖ CAHF, 2201 K St, Sacramento, CA 95816