

California Workers'
Compensation Defense
Attorneys' Association



May 31 – June 3, 2012
THE COSMOPOLITAN
of LAS VEGAS

Name: _____ Bar #: _____
 Firm Name: _____
 Address: _____
 City: _____, State: _____ Zip Code: _____
 Office: _____ Fax: _____ Cell: _____
 Email: _____
 Name of Guest: _____

	Postmark by March 15	Postmark by May 15	After May 15
Member (sessions, materials, meals & reception)	_____ \$695	_____ \$795	_____ \$895
Non-Member (sessions, materials, meals & reception)	_____ \$895	_____ \$995	_____ \$1,095
Guests (Includes breakfasts & reception)	_____ \$150	_____ \$175	_____ \$175
Conference Materials Binder	_____ \$50	_____ \$50	N/A

Conference Materials:

The CWCDAA is controlling both cost and our environmental footprint. Therefore, all conference materials will be available, both prior to and at the conference, for registered attendees via digital media. We understand that some people still prefer to have the traditional conference binder. To this end, we will be offering printed binder for \$50. If you choose this option, we will have your binder printed and ready when you check-in. Please note, all binder orders must be in no later than May 15th. We will not have the ability to produce these binders onsite.

Conference Hotel

Reservations for hotel rooms should be made directly with THE COSMOPOLITAN of LAS VEGAS which is offering a preferred CWCDAA Room Rate of \$139.00 per night for Wednesday & Thursday, and a rate of \$179.00 per night for Friday & Saturday. Rates are inclusive of all resort fees and complimentary internet in the sleeping rooms but do not include taxes. In order to take advantage of these rates, **reservations must be made by Monday, May 7, 2012.** Should the hotel offer lower rates to the public, we will continue to work with the hotel to ensure that you receive the lowest rate available. If you book your room outside of our block, we are not able to offer you this service.



THE COSMOPOLITAN of LAS VEGAS
 3708 Las Vegas Blvd. South | Las Vegas, NV 89109
 Reservation Number: 855.435.0005 - Please Mention Group Code: **SCWCC2**

If expired, please renew my Annual CWCDAA Membership with my registration, \$249.00

Payment Method: Visa MasterCard Check Total Submitted: \$ _____

Card #: _____ Exp Date: _____

Name on card: _____ CSV on back of card: _____

Credit card billing address: _____ Zip: _____

Signature: _____

Makes checks payable to "CWCDAA"

Mail Registration forms to: StageOne Events Tel: 925.240.9160
 1304 Laysan Teal Dr. Fax: 925.396.6150
 Roseville, CA 95747

The Association has applied for MCLE credits. For more information, please visit us at www.CWCDAA.org. Please contact StageOne Events for special meal or ADA requests. A \$50 Administrative Fee will be charged on all cancellation and transfer requests. All cancellation or transfer requests must be received in writing prior to May 1, 2012.