

California Workers' Compensation Defense Attorneys' Association



June 3-6, 2010  
Red Rock Resort  
Las Vegas, NV

Name: \_\_\_\_\_ Bar #: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_, \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Office: \_\_\_\_\_ Direct: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of Guest: \_\_\_\_\_

	Postmark by March 10	Postmark by May 21	After May 21
Member (sessions, materials, meals, & reception)	_____ \$650/psn	_____ \$750/psn	_____ \$850/psn
Non-Member (sessions, materials, meals, & reception)	_____ \$850/psn	_____ \$950/psn	_____ \$1,050/psn
Guests (Includes breakfasts & reception)	_____ \$200	_____ \$250	_____ \$250
Conference Materials Binder	_____ \$45	_____ \$45	N/A

**Conference Materials:**

The CWCDAA will be making an attempt to control both cost and our environmental footprint this year by providing all of the conference materials digitally both prior to the conference via the internet for registered attendees and at the conference via digital media. While we feel that this transition is important and in the best interests of the Association and the environment, we also understand that some people still prefer to have the traditional conference binder. To this end, we will be offering the binder on-demand for \$45. If you pick 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 18th. We will not have the ability to produce these binders onsite.

\* Please see the Membership Form to sign up for or renew your Association Membership. Please contact StageOne Events for special meal or ADA requests.

Up to \$99 of your membership or conference fees may be used as a contribution to the CWCDAA PAC. This contribution is not tax-deductible. If you do not wish to make such a contribution, please check this box (this will not effect your fees, only how the money is allocated).

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: \_\_\_\_\_

A \$50 Administrative Fee will be charged on all written cancellation or transfer requests. There will be no refunds or transfers after May 1, 2010

**Makes checks payable to "CWCDAA"**

Mail Registration forms to: CWCDAA  
 c/o StageOne Events  
 PO Box 1238  
 Brentwood, CA 94513

Tel: (925) 240-9160  
 Fax: (925) 777-9370