

**CMC12th ANNUAL SPRING CONFERENCE
REGISTRATION FORM
APRIL 25-26,2008**

Name: _____ **First Name on Badge:** _____

Complete Mailing Address:

City State Zip

College/School/Business: _____

Business Phone: (____) _____

E-Mail : _____

Phone numbers **will not** be released to the general membership.

Membership Only (includes newsletters)

I am currently a paid member for the year starting 12/1/ 07. (see mailing label for membership expiration)

\$35 I wish to join or renew my membership for **one year**. (12/1/07–11/30/08)

\$90 I wish to join or renew my membership for **three years** (a saving of \$15). (12/1/ 07–11/30/10)

Conference Registration (includes Friday night dessert and Saturday \$15 meal credit)

\$75 Registration for current members

\$110 Registration for non-members, which includes membership to 11/30/2008

AFTER APRIL 11, call 707-778-2474—On-Site Registration is \$100 for members.

TOTAL ENCLOSED: CHECK or MONEY ORDER only, **payable to CMC³**

Postmark by **Friday, April 11, 2008** to: Joseph Conrad
Solano Community College
4000 Suisun Valley Road
Fairfield, CA 94534-3197

Foundation Contribution

I wish to make a tax-deductible contribution to the **CMC³ Foundation** (separate check please).

Please feel free to duplicate and disseminate this form!