

**CONFERENCE AND HOTEL REGISTRATION
CAL SMACNA DAY AT THE CAPITOL
FEBRUARY 25 26, 2019
HYATT REGENCY SACRAMENTO**

Hotel rooms are limited. Please register as soon as possible

Name: _____ Guest: _____ Student: _____ Age: _____

Company: _____

Address: _____

City/State: _____ Zip: _____ Email: _____

*Home Address: _____

*Home City/State: _____ *Home Zip: _____

***We need your home address in order to make the legislative appointments with the appropriate legislators.**

I would like to meet with the representatives for the following addresses, (check one):

☐ HOME ☐ WORK ☐ BOTH

CONFERENCE REGISTRATION:

Please indicate the number of people attending the following events:

_____ Legislative Reception/Dinner – February 25 – 5:30 p.m. – 8:30 p.m. at Mayahuel Restaurant

_____ Continental Breakfast/Issues Forum – February 26 – 7:30 a.m. – 10:00 a.m. at Hyatt Capitol View Room, 15th floor

_____ Luncheon/Legislative Appointments – February 26 – 10:30 a.m. – 2:30 p.m. at Hyatt Capitol View Room, 15th floor

EXPENSE REIMBURSEMENT: CAL SMACNA will cover one night's accommodation and registration fee for all members and their active employees. All other expenses are limited to \$200.00 per company with an additional \$100.00 to cover flight costs from Southern California. CAL SMACNA is providing a legislative reception and dinner on Monday, continental breakfast, and lunch on Tuesday. *An expense reimbursement form will be included in your registration packet that will be handed out at the meeting on February 26th.

HOTEL REGISTRATION: \$209.00 per night plus 12% tax, 3% Sacramento Tourism Assessment and \$0.45 CA Tourism Assessment per night per room. All hotel reservations must be made through CAL SMACNA's office. All rooms reserved will be non-smoking unless otherwise indicated. CAL SMACNA will pay for one night's room & tax. CAL SMACNA is providing dinner on Monday, continental breakfast, and lunch on Tuesday during the event. Incidentals are the responsibility of the individual. There is no charge for students who participate in Day at the Capitol provided they stay in the same room as attendee.

Arrival Date: _____ Departure Date: _____ # of People: _____ # of Rooms: _____

Type of Room: (please check) ☐ King ☐ Double/Double

List special requests, including ADA needs: _____

Please list any special dietary requirements: _____

PAYMENT INFORMATION: Please provide a credit card—no shows will be charged the registration fee and one night's hotel room.

Credit card: MasterCard or Visa: _____

Name on Card: _____

Exp. Date: _____ 3 Digit Code: _____

Please indicate billing address of card: ☐ Office ☐ Home

**REGISTRATION DEADLINE
February 1, 2019**

Cancellation fees: There will be no cancellation fee if CAL SMACNA receives notice before **FEBURARY 1, 2019**. All cancellations received on or after **FEBURARY 1, 2019** will be charged a \$150.00 registration fee plus \$209.00 for one night's accommodation (if applicable). Cancellation fees will also apply to no-shows.

For security compliance, please print and FAX to CAL SMACNA's secure FAX number 916-363-7544

**Or mail to CAL SMACNA - 1400 K Street, Suite 212, Sacramento, CA 95814
by February 1, 2019**