



15th Annual CCCAA Convention
April 3 – April 6, 2012 ❖ Marriott – San Mateo, CA

Name _____
 Title _____ College/Affiliation _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

Payment of registration is required to attend official convention sessions and ticketed events. All early registrations *must be postmarked by March 9.* A special *Friends and Family* rate is available to persons attending the Convention in support of an award recipient at any of the ticketed meal or social functions. CCCAA staff reserves the right to qualify requests for the *Friends and Family* rate. Please indicate attendance and your meal preferences in the section below:

Member Rate	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Full Registration</u>*	Amount Enclosed
by March 9	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$0	<input type="checkbox"/> \$300	
after March 9	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$0	<input type="checkbox"/> \$375	\$ _____

** Full registration includes meetings, meals, and socials listed below.*

Friends & Family Rate	<u>Tue Social</u>	<u>Wed Lunch</u>	<u>Wed Dinner</u>	<u>Thu Lunch</u>	Amount Enclosed
by March 9	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45	<input type="checkbox"/> \$40	
after March 9	<input type="checkbox"/> \$30	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	<input type="checkbox"/> \$45	\$ _____

Sponsor/Vendor Rate	-----	Complimentary	-----	Amount Enclosed
Non-Sponsor/Vendor Rate	by March 9	\$500		
	after March 9	\$750		\$ _____

Meal Selections (check one for each event you plan to attend)

<u>Scholar Athletes Luncheon</u> (Wed 4/4)		<u>Hall of Fame Banquet Dinner</u> (Wed 4/4)	
Pepper & Herb New York Steak	<input type="checkbox"/>	Apple Cider Marinated Kurobuta Pork Chop	<input type="checkbox"/>
Laquered Salmon Filet	<input type="checkbox"/>	Filet of Sole with Romesco Sauce*	<input type="checkbox"/>
Vegetable Wellington	<input type="checkbox"/>	Penne Pasta in Pesto Cream Sauce	<input type="checkbox"/>

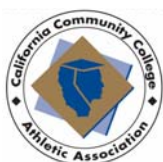
<u>Honoring Our Own Luncheon</u> (Thu 4/5)	
Dijon & Herb Roast Loin of Pork	<input type="checkbox"/>
Breast of California Chicken	<input type="checkbox"/>
Vegetable Risotto	<input type="checkbox"/>

**Romesco Sauce: finely ground mixture of tomatoes, red bell peppers, onion, garlic, almonds, and olive oil*

Total Amount Enclosed

Please make Check or Money Order payable to: CCLC/CCCAA

\$ _____



CCCAA Convention
2017 "O" Street
Sacramento, CA 95811-5211
Phone: (916) 444-1600 Fax: (916) 492-0877

Cancellation/Refund Policy: Registrations cancelled in writing by March 19, 2012, will be subject to a \$50 cancellation fee. No refunds will be granted after 5:00PM on March 19, 2012.