



*Fall 2009 - Spring 2010
 CSUSMP Saturday Seminar
 Registration Form*

Name _____ Nickname _____

Home Mailing Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

School Name _____ District _____ Grade _____

Special Needs (Dietary/Disability) _____

Step 1: Select the dates you will be attending

- September 19, 2009
- October 17, 2009
- November 14, 2009
- January 30, 2010
- April 10, 2010

Step 2: Determine Seminar Fees

_____ 3+ Dates - \$25 each* \$ _____

_____ Individual Dates - \$30 each \$ _____

*Three seminars must be purchased at the same time in order to qualify

Step 3: Determine CEU Fees if desired

- 2009-2010 CSUSMP Saturday Series 2.0 CEU's (\$120) (includes \$65 CCE fee) \$ _____

_____ Birthdate (required for CEU's)

Step 4: Add all fees \$ _____ **Total Amount**

Step 4: Select Type of Payment

- Check enclosed, payable to: CSUSMP
- Purchase Order enclosed, payable to CSUSMP PO # _____
- Charge my: Visa Mastercard

Cardholder Name: _____ Billing Zip: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

Payable to: CSUSMP, 6000 J Street, Sacramento, CA 95819-6125
Fax to: (916) 278-4770 or call Debbie Dennick at (916) 278-4497 for questions.