



California Business Properties Association

2016 Industry Awards Dinner • October 20, 2016 • The Fairmont Hotel Newport Beach

REGISTRATION FORM

Table (10 Seats):\$1,500.00

Individual Seat: \$150.00

Mr. Ms. First Name: _____ Last Name: _____

Title: _____ Nickname (Badge) _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Fax: _____

Email: (required for confirmation) _____

If applicable, please indicate below your organization's complimentary attendee(s).

1. Mr. Ms. First Name: _____ Last Name: _____

2. Mr. Ms. First Name: _____ Last Name: _____

3. Mr. Ms. First Name: _____ Last Name: _____

4. Mr. Ms. First Name: _____ Last Name: _____

5. Mr. Ms. First Name: _____ Last Name: _____

6. Mr. Ms. First Name: _____ Last Name: _____

7. Mr. Ms. First Name: _____ Last Name: _____

8. Mr. Ms. First Name: _____ Last Name: _____

9. Mr. Ms. First Name: _____ Last Name: _____

10. Mr. Ms. First Name: _____ Last Name: _____

PAYMENT OPTIONS

Enclosed is a check Charge my credit card

CHARGE \$ _____ TO MY VISA MC AMEX

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Card Number Exp Date CVC/CID

NAME: _____ COMPANY: _____

BILLING ADDRESS:

CITY: _____ STATE: _____ POSTAL CODE: _____

EMAIL: _____

For questions about other payment options, or to speak to someone directly, please contact
Melissa Stevens at 916-443-4676 or mstevens@cbpa.com.