



STRATEGIC ISSUES CONFERENCE

DECEMBER 7-8, 2017

EMBASSY SUITES - NAPA, CALIFORNIA

CONFERENCE REGISTRATION FEES

\$325 Member Rate (\$150 Spouse/Guest) –ACEC/BOMA
CAL/CAJ/CBIA/CBPA/CBRT/CMTA/NAIOP/NFIB/RILA

\$375 Member Late Registration (\$175 Spouse/Guest) - **after 10/13/17** and for Non-Members

SPECIAL CONFERENCE HOTEL RATE

Group Rate! \$199.00 (plus applicable taxes & fees) – Standard Room

Last Name _____ First Name _____

Member of (circle all that apply): ACEC BOMA CAL CAJ CBIA CBPA CBRT CMTA NAIOP NFIB RILA

Title _____ Company _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ Fax Number (_____) _____

E-Mail (required for confirmation) _____

Spouse/Guest Name _____

HOTEL ROOM ACCOMODATIONS

For hotel accommodations, please contact Embassy Suite, Napa Valley directly at 707-253-9540.

Group rate cut-off date is October 30, 2017.

NOTE: In order to get the special conference room rate of \$199.00 for the night of December 7, you must reserve your room by October 30, 2015. Your credit card will not be charged, but will be used for reservation purposes. You will pay the hotel directly for room charges upon check-out.

Rooms at this special group rate are limited and available on a first-come-first-served basis. Early arrivals or late departures will be honored on an availability basis. Guaranteed check-in time is 4:00 p.m. Early check-ins are welcome as rooms are available. Check-out time is 12:00 p.m. We are unable to guarantee requests for bed types and area locations; however, we will make every effort to honor your request.

For questions or for more information and/or special requests, please contact Melissa Stevens at 916-443-4676 or mstevens@cbpa.com.



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Registrant Name: _____

CONFERENCE REGISTRATION FEES

Register by October 13 for the Best Rates!

member of (circle all that apply):

ACEC	BOMA CAL	CAJ	CBIA	CBPA
CBRT	CMTA	NAIOP	NFIB	RILA

CONFERENCE REGISTRATION

\$325 Member Registration (by 10/13/2017) \$ _____
 \$375 Member Late Registration (after 10/13/17) \$ _____
 \$375 Non-member Rate \$ _____

SPOUSE/GUEST OPTIONS (Admittance to Reception & All Conference Meals)

\$150 Member Spouse/Guest (by 10/13/17) \$ _____
 \$175 Late Registration Spouse/Guest (after 10/13/17) \$ _____
 \$175 Non-Member Spouse/Guest \$ _____

TOTAL REGISTRATION FEES \$ _____

Cancellations must be received in writing by 10/30/2017 for a full refund.

No refunds will be issued after 10/30/2017.

Return your completed form along with payment information to:

CA Business Properties Assn
 1121 L Street, Suite 809
 Sacramento, CA 95814
 Attn: Melissa Stevens
 916-443-4676
 Fax 916-443-0938
mstevens@cbpa.com

PAYMENT OPTIONS

- Enclosed is a check for conference fees.
- Charge my credit card for conference fees.

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.



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Please indicate the number of guests that will be attending each of the events at this two-day conference. Thank you.

Registrant Name: _____

Guest Name: _____

THURSDAY, DECEMBER 7, 2017

5:30 p.m. – 6:30 p.m. Wine Reception # attending _____

6:30 p.m. – 8:30 p.m. Dinner Keynote Speaker # attending _____

FRIDAY, DECEMBER 8, 2017

8:00 a.m. – 9:00 a.m. Breakfast & Opening Speaker # attending _____

9:10 a.m. – 10:30 a.m. Panel Discussion A # attending _____

10:35 a.m. – 11:05 a.m. Panel Discussion B # attending _____

11:10 a.m. – 12:00 p.m. Panel Discussion C # attending _____

12:00 p.m. – 1:30 p.m. Lunch & Closing Speaker # attending _____