



OneRegion OneVoice

San Diego Mission to Washington D.C. 2008, September 21 - 24



REGISTRATION FORM

Last Name: _____ First Name: _____

Social Security #: _____ Birthdate: _____

Participant's Home Address: _____

City: _____ State: _____ Zip: _____

Name Badge Preference: _____

Business/Organization Name: _____

Business/Organization Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Note: State or government issued photo I.D., Social Security number and birthdate required for Federal security clearance.

PROGRAM RATES* Please check appropriate boxes:	Per Person Rates Standard	Early Booking Discount By Friday- July 18, 2008
<input type="checkbox"/> Member Registration	\$1,750	\$1,600
<input type="checkbox"/> Second Attendee from Member Company	\$1,650	\$1,500
<input type="checkbox"/> Non-Member Registration	\$1,950	\$1,800
<input type="checkbox"/> Second Attendee from Non-Member Company	\$1,850	\$1,700
Total:		

* Rates do not include hotel or air fares, see below for hotel and flight information.

HOTEL INFORMATION:

San Diego Regional Chamber of Commerce has negotiated special rates for the Washington DC Delegation at [The Madison – A Loews Hotel](#). Please make your reservation as soon as possible by contacting the hotel directly. You must mention the San Diego Regional Chamber of Commerce to get the special group rate.

1177 Fifteenth St. NW, Washington, DC 20005
Rate: \$279 single/double plus tax

Reservations: 800.424.8577

Note: When the rooms in the Chamber block are sold out, requests will be handled on a space-available basis at the hotel's standard rate. Make your reservations early!

DISCOUNT AIRFARES:

Special discounted airfares of 5% off any published fare have been negotiated with American Airlines.

You must make reservations directly with American Airlines at 1.800.433.1790 or reserve your flight online at www.AA.com. Either way, enter Authorization Number/Promotion Code: A5698BAS before purchasing.

CANCELLATION POLICY

I agree and accept the conditions and payment obligations outlined within this event agreement and I agree to pay the invoice when rendered within the terms stated on the invoice.

I understand that all cancellations must be in written from the person who signed the booking form (or other legal representative) and will commence from the date the cancellation notice was received by the San Diego Regional Chamber of Commerce. In the event of cancellation the following charges (below) will become payable:

46 days or more before event date	Full Refund of Committed Fees	14 - 20 days before event date	75% of Committed Fees
31 - 45 days before event date	25% of Committed Fees	13 days or fewer before event date	100% of Committed Fees
21 - 30 days before event date	50% of Committed Fees		

It is agreed that the liquidated damages set forth above are reasonable and fair under the present circumstances.

By: _____ Title: _____ Date: _____

PROGRAM PAYMENT**

** Form of Payment must accompany registration

Check Visa Master Card American Express

Please Send Invoice to my Attention

Card #: _____

Exp. Date: _____

Billing Address: _____

Signature: _____ Date: _____

PLEASE FAX OR MAIL YOUR REGISTRATION TO: 619-744-7441

Events Department - San Diego Regional Chamber of Commerce, 402 West Broadway, Suite 1000, San Diego, CA 92101