

2025 CAL-JAC CONFERENCE REGISTRATION FORM



Complete this form to register for the Cal-JAC Conference and/or the Golf Tournament and Dinner Reception.
Please print this information as it should appear on participant's name badge:

DEPARTMENT NAME _____

FIRST NAME	LAST NAME	REPRESENTING MGMT., LABOR OR GUEST	CONF. REG. (\$500)	GOLF/ DINNER (\$250)	DINNER ONLY (\$100)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

..... CONTACT INFORMATION

_____	_____
Name	Title

Address	
_____	[]
Email Address	Phone Number

..... HOTEL INFORMATION

Have you made your hotel accommodations at the Westin Rancho Mirage Resort? ☐ YES ☐ NO

If you have:

Name on reservations

_____	_____
Reservation/Confirmation #	How many rooms?

METHOD OF PAYMENT

Conference No Shows/Cancellations made less than **72 hours** in advance will be charged in full based on payment type below.

Department Cal-JAC Reimbursement Account

Conference Registration	# Individual(s) _____	\$500	= \$ _____
Golf Tournament/Dinner	# Individual(s) _____	\$250	= \$ _____
Dinner Reception Only	# Individual(s) _____	\$100	= \$ _____

Hotel Expenses* (check all that apply)

☐ Room, Tax, \$15 Resort Fees ☐ Hotel Meals ☐ Other (please specify): _____

These expenses will be billed directly to Cal-JAC from the hotel unless otherwise indicated.

All other expenses incurred should be submitted on an expense voucher and signed by your fire chief or authorized representative.

Each participant is responsible for making their own hotel reservation and must guarantee their room with a credit card, even if the Cal-JAC is billed directly for the hotel expenses.

If you are requesting expenses to be paid from the Department's Cal-JAC Reimbursement Account, please have your Fire Chief or authorized representative sign below:

Authorized Signature

I hereby authorize the expenses check above to be paid from my Department's Cal-JAC Reimbursement Account.

Print Name of fire chief or authorized representative

Date

VISA/MASTERCARD or CHECK

Conference Registration	# Individual(s) _____	\$500	= \$ _____
Golf Tournament/Dinner	# Individual(s) _____	\$250	= \$ _____
Dinner Reception Only	# Individual(s) _____	\$100	= \$ _____

TOTAL DUE \$ _____

Cardholder's Name

Last 4 Numbers on Credit Card

Signature

Cardholder's Phone

Please submit completed and signed form to CalJAC@cpf.org