

PARTICIPANT CONFIRMATION FORM
ONTARIO CHRYSLER/CLCI
ELECTED OFFICIALS TRAINING ACADEMY X
NOVEMBER 5, 6 & 7, 2009 ONTARIO DOUBLETREE
All participants will be selected on a first come first served basis
PLEASE FAX BACK TO (323)664-7222
Lisa Baca-Sigala CLCI Program Manager
For info (323)660-7234

NAME: _____ EMAIL _____

COUNCIL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ CA., ZIP: _____

CONTACT PERSON: _____ PHONE(_____) _____

_____ **YES**, I will participate with the November 5, 6 & 7, 2009 Ontario Academy X. I have selected the following room accommodations at **The Ontario DoubleTree Hotel, 222 North Vineland Avenue, Ontario, CA 91764 (909) 418-4847.**
(PLEASE CHECK ONE)

_____ **I will share a double room** with another Academy participant and not pay any cost for my room accommodations.

_____ I would **like to have my own room and will pay the \$95 per night fee.**
Enclosed please find my credit card information to reserve my private room.

_____ I will only be attending THURS. NOV 5, 2009 5:00pm – 7:30pm **(NEW AB 1234 CETIFICATION SESSION. (Limited space dinner fee \$45.) OPTION)**

_____ **NO**, I can not participate at this time please keep me on your list.

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Credit Card Holder's Name _____

Card Number _____ Exp Date _____

_____ VISA _____ AMEX _____ MASTER CARD

_____ Other _____

Please note: With your signature below, you acknowledge the responsibility of payment.

DATE: _____

Name (Signature)

Name (Print)