

**PARTICIPANT CONFIRMATION FORM
OAKLAND CHRYSLER/CLCI
ELECTED OFFICIALS TRAINING ACADEMY XIII
October 7, 8 & 9, 2011 Waterford Hotel Oakland**

All participants will be selected on a first come first served basis

PLEASE FAX BACK TO (323)664-7222

Lisa Baca-Sigala, CLCI Executive Director

For info (323)660-7234

NAME: _____ EMAIL _____

COUNCIL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ CA., ZIP: _____

CONTACT PERSON: _____ PHONE(____) _____

_____ **YES, I will participate with the OCTOBER 7, 8 & 9, 2011 Academy XIII.**
I have selected the following room accommodations at WATERFORD HOTEL
OAKLAND. **(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 make my own arrangements at the
Waterford Hotel and pay the COST of \$185 or at another hotel venue.

** Any rooms reserved and not used will be paid for by the participant.*

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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)