



**SOCAL Annual 2009  
CONFERENCE REGISTRATION FORM**  
(Please print clearly and mail in to address below)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

E-mail Address \_\_\_\_\_

Organization/Affiliation \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**Conference Fee:** Adults \$60 \_\_\_\_\_ (5) or more Adults (\$55) \_\_\_\_\_ Students \$35 \_\_\_\_\_  
(Includes Conference, Registration, Parking, Continental Breakfast and Lunch)

**Please make checks to “SoCal Sister Cities”**

**Group Registration:** Please print name of main contact above and additional group members on the lines below. Group rates of (5) or more will pay \$55.00 per person.

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Please print this form and mail with your payment / check to:**

**Sister Cities 2009 Annual Conference**  
c/o Jim Dunning,  
Chair 2009 SOCAL Conference Registration  
6 Newton Court  
Irvine, California 92617