



Los Angeles County
Chicano Employees Association
¡SI SE PUEDE! LEADERSHIP CONFERENCE



October 27-28, 2016

REGISTRATION FORM

Full Name: _____ Employee ID: _____

Tel: _____ Mobile: _____ Other: _____

E-Mail: _____

Department Name: _____

Job Title: _____

ATTEND THE EVENT

_____ **LACCEA Members: Early registration (by 9/30/16)** - I will attend the Si Se Puede Conference on October 27-28, 2016. Please reserve me a seat at \$75.00 each. Amount enclosed \$ _____.

_____ **LACCEA Members: Late registration (after 9/30/16)** - I will attend the Si Se Puede Conference on October 27-28, 2016. Please reserve me a seat at \$85.00 each. Amount enclosed \$ _____.

_____ **Non-Members: Early registration (by 9/30/16)** - I will attend the Si Se Puede Conference on October 27-28, 2016. Please reserve me a seat at \$85.00 each. Amount enclosed \$ _____.

_____ **Non-Members: Late registration (after 9/30/16)** - I will attend the Si Se Puede Conference on October 27-28, 2016. Please reserve me a seat at \$100.00 each. Amount enclosed \$ _____.

Please make all checks payable to **LACCEA Scholarship Foundation**. Tax ID: 45-4968768

Mail checks to:

1848 N. Allen Ave • Pasadena, CA 91104

Thank you.