

2023 CAADS Webinar

Thursday, March 23, 2023 | 2:30 PM – 4:00 PM

Participant Appeals: Protecting Participant Access to ERS

Member FREE | Non-Member \$199 Per Registrant

Center Name: _____

*Registrant's Name: _____

*Registrant's Email: _____

*Job Title: _____

Telephone: (____) _____

* Required

Payment by CREDIT / DEBIT CARD is authorized in the amount of \$ _____

VISA Credit / Debit Card MASTERCARD Credit / Debit Card DISCOVER Credit Card

Card Number: _____

Expiration (Month & Year): ____ / ____ C V V Code _____

Cardholder's Signature: _____

Name (as it appears on card): _____

Billing Street Address: _____

Billing Zip: _____

Cardholder's Email: _____

Questions? Contact CAADS at (916) 552-7400 or email caads@caads.org

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