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**

SUBMIT YOUR COMPLETED FORM TO:

**caads@caads.org**