

## **Central California Chapter WESTOP**

## PLEASE COMPLETE FORM FOR EACH PARTICIPANT

## 2009 PDS Registration Form

## **Personal Information**

Name:	Address:	
Job Title:	City:	
Program:	State:	
Institution:	Zip Code:	
E-mail:	Phone:	
Please indicate if you are a New I	Member of WESTOP	
YES NO		
Regis	tration Fees	
Before September 4, 2009	September 5th to October 7, 2009	STOF FR
☐ \$150.00 Paid Member	☐ \$200.00 Paid Member	
☐ \$175.00 Non Member	\$225.00 Non Member	THE STATE OF THE S
\$25.00 Student	\$25.00 Student	PORATE
On Site Registration	<u>Payment</u>	Canal A Stemu
☐ \$250.00 Paid Member	Check (Payable to WESTOP-Central Cal Chapter)	
☐ \$275.00 Non Member	Purchase Order ( Attach to Registration Form)	
Submit with Electronic Signature		
Full Name:		OM
Date:	Please submit completed form to: Norma Cuevas-Upward Bound-CSU Fresno 5240 N.Jackson Ave M/S UC 35 Fresno, CA 93740 Office: 559-278-5796 - FAX: 559-278-4306	FRESNO

E-mail: ncuevas@csufresno.edu

October 8 & 9, 2009 **CSU Fresno** 

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