



27TH ANNUAL QUAD EEO TRAINING CONFERENCE REGISTRATION FORM

SEPTEMBER 2-4, 2009

Hilton Concord Hotel, Concord, California

Visit our website for updates: www.quadcouncil.com

PARTICIPANT INFORMATION

(Please print clearly)

Last Name		First Name		Middle Initial
Job Title		Agency		
Address		City	State	ZIP
Phone Number	Ext.	Fax Number	Email Address	

REGISTRATION FEE

Select a Registration Type		*No Refunds ... Substitution Only*
<input type="checkbox"/> Early Registration - post marked or received by July 1, 2009		\$495.00
<input type="checkbox"/> Onsite Registration		\$595.00

Conference Committee Member or Presenter, please check one:

- Committee Member
 Speaker/Presenter
 FEB Manager

PAYMENT

Select a Payment Method (check one):

*** Please provide all requested information ***

CREDIT CARD (Mastercard or Visa only)

Credit Card Number: _____ Payment Amount: _____

Name on Credit Card: _____ Billing Zip Code: _____ Expiration Date: _____ 3 Digit Code: _____

CHECK

Payable to: **SF Bay Area QUAD Council** Check Date: _____ Check #: _____

(Tax ID# 94-2931219)

GOVERNMENT PURCHASE ORDER {SF-182 or DD-1156}

8-digit ALC-Agency Location Code: _____ Purchase Order #: _____ Agency 9-digit Tax ID#: _____

ALC Contact Name: _____ Phone #: _____

If State or local Government Purchase Order must provide billing address below:

Address: _____ City: _____ State: _____ Zip: _____

ACCOMMODATION REQUEST

- I have special dietary needs. If "Yes", describe below.
 I need a sign language interpreter.
 I need reasonable accommodation, due to disability, to attend this Conference. Please describe below if "Yes":

Please describe any reasonable accommodation or special dietary needs:

DO NOT WRITE IN THIS AREA. QUAD COMMITTEE USE ONLY

Payment Received On: _____	Reg Form Rcvd: _____	Sign Language: <input type="checkbox"/>
Payment Deposit Date: _____	Registrant #: _____	Other RA: <input type="checkbox"/>
Payment Type: _____	Date Invoiced: _____	Dietary Need: <input type="checkbox"/>

PAYMENT & REGISTRATION

Payment or payment documents **MUST** be received in order for us to process your registration.

Credit Card. Credit card payments are accepted.

1. Complete the CREDIT CARD section on this Registration Form.
2. Send your Registration Form by **Mail, Fax, OR**
3. Submit your Registration Form by Email to BETTA.RAMOS@GSA.GOV

Check. Make check payable to **SF Bay Area QUAD Council.**

1. Complete the CHECK section of this Registration Form.
2. Send your Registration Form with your check by **Mail.**
3. **Email** a copy of the Registration to BETTA.RAMOS@GSA.GOV

Purchase Order. Federal agency purchase order (including SF-182 or DD-1156 Training Form) **must include the following information:** 1) Purchase order #, 2) the Agency 9-digit Tax Identification #, 3) the Agency 8 digit Agency Location Code (ALC). If any of these items are missing, we will not be able to confirm your course registration. If you are paying with a state or local government purchase order, provide the billing address, POC and telephone number where the invoice should be mailed.

1. Complete the Purchase Order section of this Registration Form.
2. Send your Registration Form and your Purchase Order by **Mail or Fax.**
3. **Email** a copy of the Registration to BETTA.RAMOS@GSA.GOV

SEND YOUR REGISTRATION & PAYMENT TO:

Mailing Address: S.F. Bay Area QUAD Council, PO Box 70903, Station D, Oakland, CA 94612
Fax Numbers: (415) 522-2710, attn: BETTA RAMOS
Email: BETTA.RAMOS@GSA.GOV (put on subject line: "QUAD Registration")

**** Your registration will NOT be processed until payment is received.***

CONFIRMATION

Registrants will receive an email or fax confirmation upon receipt of registration form AND payment.

QUESTIONS ABOUT REGISTRATION

Betta Ramos, Registration Chair
Email: BETTA.RAMOS@GSA.GOV
Tel: (415) 522-2707

REASONABLE ACCOMMODATION REQUESTS

If you need special accommodations, you must complete the "Accommodation Requests" section of this form. Please be specific with your accommodation needs. QUAD will make every effort to provide accommodations for physical limitations, sign language, or special dietary needs.

CANCELLATION / NO-SHOW POLICY

No refunds. Substitutions are welcome.

HOTEL INFORMATION

You are responsible for making your own hotel reservation. A block of rooms have been reserved for this conference. Please identify the room block when making your reservation. The deadline for the room block is Friday, July 31, 2009.

Hilton Concord Hotel
1970 Diamond Boulevard
Reservation Phone Number: (925) 827-2000, ask for Room Block "QUAD Conference"