

REGISTRATION FORM
Council of Educators
in Landscape Architecture

Mail or Fax: Conference Services
California Polytechnic State University
San Luis Obispo, CA 93407
Phone (805) 756-7600 Fax (805) 756-7601

Please print clearly:

Name _____ Maiden Name _____ Male Female

Home Address _____ Institution _____

City _____ State _____ Zip _____

Guest/Family Names _____

Home Phone () _____ Work Phone () _____

Fax () _____ E-Mail _____

REGISTRATION	AMOUNT ENCLOSED
CELA Conference Registration: received by registration office <u>on or before</u> July 15 \$260.00	\$ _____
received by registration office <u>after</u> July 15 \$280.00	\$ _____
CELA Student Registration:	\$150.00 \$ _____
Housing: (Wednesday, August 8 thru Saturday, August 11)	
Single: 3 nights @ \$31/night/person = \$93.00	\$ _____
Double: 3 nights @ \$23/night/person = \$69.00	\$ _____
Are you a workshop volunteer? Yes No	
Extra night(s) stayover: Circle stayover night(s): August 7, 11, 12	
Single: _____ nights @ \$31/night/person = \$ _____	\$ _____
Double: _____ nights @ \$23/night/person = \$ _____	\$ _____
Roommate Preference: _____	
Special Housing Needs: _____	
<i>Residence Hall space may not be available for late registrants.</i>	
Conference Dining Activity, Friday, August 10: (includes transportation)	
Edna Valley Winery Dinner: _____ # of people @ \$25/person = \$ _____	\$ _____
Post Conference Activities, Saturday, August 11: (includes transportation)	
Do you plan to attend the Saturday evening beach barbecue? Circle response: Yes No _____ # of people	
Hearst Castle and Gardens Tour: _____ # of people @ \$23/person = \$ _____	\$ _____
Morro Bay Golf w/ golf cart: _____ # of people @ \$62/person = \$ _____	\$ _____
Morro Bay Golf w/o golf cart: _____ # of people @ \$52/person = \$ _____	\$ _____
Morro Bay Kayaks: _____ # of people @ \$22/person = \$ _____	\$ _____
Botanical Gardens: _____ # of people @ \$15/person = \$ _____	\$ _____
Bicycle Rentals: _____ # of people @ \$20/person = \$ _____	\$ _____
Parking: All participants with cars must pay for parking. \$4.20/car/week	\$ _____
TOTAL ENCLOSED	\$ _____

PAYMENT METHOD:

Credit Card: (circle one) VISA MC DISC AMEX

Card # _____ Expiration Date _____ / _____

Cardholder's Name (please print) _____

Signature _____ Date _____

All checks should be made **PAYABLE TO: CAL POLY FOUNDATION. MAIL TO: Conference Services - California Polytechnic State University - San Luis Obispo, CA 93407** (You need to allow a minimum of one extra day for campus mail.) Phone: (805) 756-7600, Fax: (805) 756-7601. Workshop registration will not be processed with incomplete payment. Returned checks will be assessed a \$35 charge. **PLEASE NOTE:** if your fees are paid by purchase order, a copy of the purchase order, with a number, must be received in writing by July 15, 2001 in order to avoid paying the late fee of \$20. All cancellations and refund requests must be received in writing seven working days in advance and will be assessed a \$40 administrative fee. No shows and any cancellation received after July 25, 2001 will be subject to additional charges as appropriate. The deadline for all refund requests to be submitted to Conference Services, including those for no shows, is August 27, 2001.

SMOKING IS PROHIBITED IN ALL BUILDINGS ON CAMPUS, INCLUDING THE PUBLIC AREAS OF THE RESIDENCE HALLS.