

Seminar Registration Policy: Please send the registration form, along with payment to CAHCF <u>no</u> <u>later than July 10, 2025</u>. We cannot process your registration without payment. Full payment is due PRIOR to the event. Your registration is your commitment to pay, if you do not attend you will be responsible for payment

Registrants WILL NOT BE ALLOWED TO ENTER the event if FEES ARE UNPAID, personal checks and cash will be accepted at the door.

Walk-In Registrations WILL NOT BE ACCEPTED.

Confirmations: Confirmation letters will be **sent via email to email address on file** for the person. **Cancellations:** Cancellations **must be confirmed** by obtaining a <u>"CAHCF Cancellation Number"</u> prior to 7/10/25.

NO REFUNDS will be given after 7/10/25 Substitutions can be made, please call CAHCF to notify them of the change.

Photography Policy: By registering for and/or attending a CAHCF/CCAL event, you acknowledge and agree that photographs, video, and other recordings of the event may be taken by CAHCF/CCAL or parties acting on behalf of CAHCF/CCAL, and that these photographs, video, and other recordings may be used by CAHCF/CCAL in any media now known or later invented for any purpose related to CAHCF/CCAL's mission, including educational, promotional, and awareness related uses.

Fax registration forms to: 860-290-9478			PLEASE PRINT LEGIBLY!		
Name:	Position:		Kosher Meal:YesNo		
Name:	Position:		Kosher Mea	l:Yes	No
Name:	Position:		Kosher Mea	l:Yes	No
Name:	Position:		Kosher Mea	l:Yesl	No
Contact Perso Address: City:	n's Email Address: 	Zip:	 	Scan to Regis Online!	ter
Name on Credit		Type of Card:			7
Card Number:		Expiration Date: Amount to Charge:\$			
Security Code: 3 digits for Visa and MasterCard, 4 digits for American express: 		Billing Address if a		_	
Register Online: https://tinyurl.com/96cahcf					