



SREA 2020 SPRING CONFERENCE REGISTRATION FORM

March 18-20, 2020 — Balboa Bay Resort - Newport Beach, CA

Company: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Registration Fees

Member-\$450 • Non-member-\$475 Member and Non-Member registration fees include all sessions, Thursday breakfast, breaks and Thursday lunch.

Name: _____ Title: _____

Phone _____ Email _____

Name: _____ Title: _____

Phone _____ Email _____

Name: _____ Title: _____

Phone _____ Email _____

Name: _____ Title: _____

Phone _____ Email _____

Members _____ # @ \$450 ea. or Non-Members _____ # @ \$475 ea. **Total Registration Fees: \$ _____**

Optional Meal — Thursday, March 19

Thursday Reception & Dinner: All attendees and guests must register to attend.

Thursday Reception & Dinner _____ # @ \$125 per person = \$ _____

Names: _____

Special Needs

Total Optional Meals: \$ _____

If any attendees or guests have special requirements (e.g., dietary, handicap access, etc.) please let us know here:

Name _____ Special Need(s) _____

Name _____ Special Need(s) _____

SREA Golf Tournament — Thursday, March 19 (Pelican Hill Golf Club)

Golf registration includes box lunch, green fees and a shared cart.

Golf Tournament _____ # of participants @ \$300 per player = \$ _____

Golf Club Rental _____ # of participants @ \$87 per player = \$ _____

Name of Golfer: _____ Est. hcp.: _____

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Name of Golfer: _____ Est. hcp.: _____

Name of Golfer: _____ Est. hcp.: _____

Sponsorship Opportunities

Total Golf Fees: \$ _____

My company would like to purchase the following sponsorships.

Golf Prizes*\$200

Breakfast*\$1500

Golf Box Lunches\$750

Lunch\$1500

Welcome Reception\$2000

Breaks*\$500

Dinner\$2500

(*Multiple sponsors will be accepted)

Total Sponsorships: \$ _____

Payment

TOTAL AMOUNT DUE: \$ _____

Check (U.S. Funds) Visa Master Card American Express Discover

Card #: _____ Exp. Date: _____ Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Credit Card Billing Address (required for processing) _____ CVV _____

City: _____ State: _____ Zip: _____

Please mail or fax this registration form with payment to: SREA, 147 SE 102nd Ave., Portland, OR 97216 - or - Fax 503.253.9172 Questions? Call SREA at 503.258.1854 or email info@srea.org

Register Online at www.srea.org

Payment Policy: Due to credit card security policies, we can only accept registrations in the following ways: online at www.srea.org, via fax or mailed to SREA. We cannot accept emailed or phone call registrations.

By submitting registration for this event, registrant agrees to grant SREA and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by SREA and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.