

CONFERENCE REGISTRATION

Questions? Call Toni at 949-497-3673 ext. 200 • E: tspangler@jbsassociates.ws

Conference registration is on a first-come, first-served basis. Attendance is limited and certain events will sell out. Please attach additional page if more than 3 Guests/Children. PRINT CAREFULLY & CLEARLY SO YOUR INFORMATION IS READABLE. A Conference Registration is required to book a hotel room. Items marked with a (*) will appear on your Conference badge.

Registrant's Formal Name: _____ Informal Badge Name* _____
 Firm/Company* _____
 Mailing Address: _____
 City* _____ State _____ Zip _____
 Email: _____ Assistant's Email (if applicable) _____
 Telephone: _____ Fax: _____
 Guest's Formal Name: _____ Informal Badge Name* _____
 Child: _____ Age: _____ Child: _____ Age: _____
 Do you need any special assistance to accommodate a disability? _____ Dietary Restrictions? _____

| SELECT ONE | REGISTRATION TYPE | Early Bird Rate BEFORE 04-10-12 | Rate AFTER 04-10-12 | TOTAL |
|------------|-------------------|---------------------------------|---------------------|-------|
|------------|-------------------|---------------------------------|---------------------|-------|

Registration Includes: Friday Lunch, Saturday Breakfast, Saturday Dinner, Sunday Brunch and Education Materials. Entry to Saturday Afternoon Consumer Program or Receivership Program is also included, check box if planning to attend.

| | | | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| <input type="checkbox"/> | ATTENDEE REGISTRANT (Entire Program) Education Tracks Included (Please RSVP if you plan to attend) <input type="checkbox"/> Receivership <input type="checkbox"/> Consumer | \$795 | \$895 | _____ |
| <input type="checkbox"/> | MULTI-PERSON/FIRM DISCOUNT (Entire Program) (Min. 3 Attendees from same firm, \$150 per person will be billed if 3 people from the same firm do not register) | \$649 | \$749 | _____ |
| <input type="checkbox"/> | FIRST TIME ATTENDEE (Entire Program) | \$495 | \$595 | _____ |
| <input type="checkbox"/> | YOUNG INSOLVENCY PROFESSIONALS (Entire Program) | \$495 | \$595 | _____ |
| <input type="checkbox"/> | EXHIBITOR (Includes same as Attendee, 1 per booth) | Comp | Comp | _____ |
| <input type="checkbox"/> | EXHIBITOR ADDITIONAL STAFF (includes same as attendee) | \$395 | \$495 | _____ |
| <input type="checkbox"/> | CA BANKRUPTCY JUDGE & ONE GUEST | Comp | Comp | _____ |
| <input type="checkbox"/> | LAW CLERK/GOVERNMENT EMPLOYEE (Includes same as attendee) | \$395 | \$495 | _____ |
| <input type="checkbox"/> | GUEST (Ages 13 and up, includes Saturday Evening Dinner & Sunday Brunch) | \$250 | \$300 | _____ |
| <input type="checkbox"/> | CHILD 3 TO 12 (Includes Saturday Kids Dinner & Sunday Brunch) | \$75 | \$75 | _____ |
| <input type="checkbox"/> | CONSUMER BANKRUPTCY PROGRAM (Saturday Afternoon) | \$195 | \$295 | _____ |
| <input type="checkbox"/> | RECEIVERSHIP PROGRAM (Saturday Afternoon) | \$195 | \$295 | _____ |
| <input type="checkbox"/> | Social Add on - RECEIVERSHIP/CONSUMER REGISTRANTS (Saturday Evening Dinner & Sunday Brunch) | \$165 | \$195 | _____ |

Education Materials will be distributed in USB drive format. If you would like printed materials check box - \$50 surcharge applies.

INCLUDED EVENTS

Indicate your plans to attend, check "yes" or "no" & Check Your Food Choices. If you check "no" CBF will reduce its meal guarantee accordingly. If you do not check a meal choice, you will not receive a ticket at check-in

FRIDAY

LUNCH & EDUCATION PROGRAM (Check Your Food Choices)

Included w/Attendee, Judge, Gov't Emp., Exhibitor & Exhibitor Staff

Plan to Attend?

Yes No
 Chicken Veg.

Guest and Children Not Included

SATURDAY

BREAKFAST & EDUCATION PROGRAM

Included w/Attendee, Judge, Gov't Emp., Exhibitor & Exhibitor Staff

Plan to Attend?

Yes No
 Meat Veg.

Guest and Children Not Included

SATURDAY "OASIS NIGHTS" DINNER

Included w/Attendee, Judge, Gov't Emp., Exhibitor & Exhibitor Staff

REGISTRANT attend?

Yes No
 Yes No

GUEST attend?

Yes No

CHILDREN attend?

Yes No # _____

SUNDAY

BRUNCH

Included w/Attendee, Guest, Child, Judge, Gov't Emp., Exhibitor & Exhibitor Staff

REGISTRANT attend?

Yes No
 Yes No

GUEST attend?

Yes No

CHILDREN attend?

Yes No # _____

| OPTIONAL EVENTS | PRICE | #Tickets | TOTAL |
|------------------------------------------------------------------------------------------------------|--------------------|----------|-------|
| THURSDAY | | | |
| <input type="checkbox"/> Golf Tournament - Gary Player Signature Course. Handicap _____ | 8:00 am - 1:30 pm | \$110 | _____ |
| FRIDAY | | | |
| <input type="checkbox"/> Tennis Clinic - All Levels of Play | 9:00 am - 11:00 am | \$ 40 | _____ |
| SATURDAY | | | |
| <input type="checkbox"/> Kids in the Kitchen - Pancake Extravaganza (Ages 6 & up) | 9:30 am - 11:00 am | \$ 50 | _____ |
| <input type="checkbox"/> Pete Dye Golf Tournament & BBQ (on Hotel Grounds) Handicap _____ | 1:00 pm - 6:00 pm | \$110 | _____ |
| <input type="checkbox"/> Modern Mixology | 2:00 pm - 4:00 pm | \$ 75 | _____ |
| GRAND TOTAL | | | _____ |

Make check payable to: **California Bankruptcy Forum, 954 La Mirada St., Laguna Beach, CA 92651** or fax to 949-497-2623

Enclosed is my check for \$ _____ (List name of each person paid for on a multi-person check) CBF prefers checks.

1. _____ 2. _____
 3. _____ 4. _____

Visa MasterCard AmEx _____
(Card Number-Please print clearly) SEC (AMEX only) Expiration date

Name on Card _____ Signature _____

Credit Card billing is the same as above If different address, fill in here: _____
 Street Address City State Zip

CBF Conference Refund Policy: The conference registration fee, less a \$50.00 handling fee will be refunded if a written notice of cancellation is received by April 17, 2012. No refunds will be granted after April 17th; however substitutions will be allowed.