

*CompanyofExperts.net*  
**777 E. Tahquitz Canyon Way, Suite 341**  
**Palm Springs, CA 92262**  
**Department Chair Institute Registration Form**  
PLEASE FAX TO 760.327.4186

DCI being held: (dates) \_\_\_\_\_ in (City): \_\_\_\_\_

First Name, Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Registration fee: \$1,200** regular fee. **Discounted registration fee: \$1000.00** for individuals whose institutions are members of California Community College Council for Staff and Organizational Development (4C/SD). To find out if your college is a member or how your college can join as an institutional member at \$125/year please visit <http://www.4csd.org/info/membership.htm>

Please Indicate The Amount That You Are Paying: \$ \_\_\_\_\_

(1) If you are registering by **credit card**, please complete the following **additional** information and fax it to 760.327.4186. COE.net will not charge your card until we know that minimum enrollment has been reached.

Check one: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amount Paid \_\_\_\_\_

Exact name on credit card \_\_\_\_\_

16-digit number \_\_\_\_\_

Expiration date of credit card \_\_\_\_\_ Three-digit code on back of credit card \_\_\_\_\_

Credit card billing address (**must match monthly statement information**)

Address/City/State/Zip code \_\_\_\_\_

(2) If you are registering by **check**, fax this form to 760.327.4186, then mail a copy of the form with a check made out to Company of Experts.net.

(3) If your college will not issue a check or reimburse you for a credit card payment, then you may register by **purchase order**. Complete the top of this form and fax it to 760.327.4186; then mail a copy of this form with a purchase order made out to Company of Experts.net.

Please list any specific dietary needs: \_\_\_\_\_