



CSRC Non-Continuing Education Application

I (We) request the opportunity to hold a NCEU program at the location and date of the presentation slots listed below:

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Work) _____ (Mobile) _____

Email: _____

LOCATION: PECHANGA RESORT, TEMECULA CA

DATE: June 2019

PREFERRED DATE and TIME of NCEU program (Select one)

Breakfast NCEU 6:30am –7:30 am

Wed. June 5, 2019 ...\$5,000

Th. June 6, 2019...\$5,000

NCEU PROGRAM FEES/PAYMENT

Opportunity fee for NCEU Breakfast Presentation \$5,000 (Paid to CSRC executive office) A non-refundable deposit of \$1,500 must accompany this application and may be charged to your credit card. This non-refundable deposit will be applied to your final payment of \$5,000.

With support of this activity the CSRC will provide two complimentary program registrations.

Check payable to CSRC

If payment is by check, mail to: CSRC 3868 Howe St. #1 Oakland, CA 94611

Email: office@csrc.org Phone: 888-730-2772

VISA/MC/AMEX Card#: _____ Exp: _____ CVV: _____

Print name as it appears on card: _____

Billing Address (If Different from Above): _____

City: _____ State: _____ Zip: _____



PROPOSED TITLE of NCEU: CSRC will assume NO responsibility for presentations other than to ensure that they are professional and do not violate any standards for a program offered to a CSRC attendee.

If the application is approved I, (we) agree to follow the CSRC Guidelines for Holding a NCEU Program as attached to this application.

Signed: _____ Title: _____ Date: _____