



Continuing Education Workshop

This workshop will feature a comprehensive study of all the information needed to pass the C.C.P.S. exam. In addition to the standard workshop this seminar will include a portion dedicated to the beginning or inexperienced process server. **Added emphasis will be given to all changes affecting service of process in 2012.** All C.C.P.S. workshops include the workbook, handouts and the laminated wallet code for Registered Process Servers.

Saturday – February 25, 2012

Columbia Center

401 West "A" Street 3rd Floor Conf. Room

San Diego, CA 92101

Light snacks will be provided

10:00 am – 4:00 pm - Workshop and Exam

Metered Parking and paid Lot Parking available

Registration for all seminars must be made with the CALSPRO Central Office

Cancellation Terms: Workshops, Examinations and Seminars are subject to cancellation until 48 hours prior to their scheduled commencement. Your business will be notified by fax of said cancellation. If you have not provided a fax number, then notice of cancellation will be by telephone. CALSPRO is not responsible for failure to receive notice of cancellation. CALSPRO is solely responsible for the refund of payments received and is not liable for any expenses the registrant has chosen to incur.

Name(s) _____

Company _____

Address _____

Phone _____ Fax _____ Email: _____

- CALSPRO Individual Members – **\$20.00/person**
- CCPS Exam for Individual members – **\$10/person**
- CALSPRO Company Members (employees/contractors of Company Members) – **\$35/person**
- CCPS Exam for CALSPRO Company Members (employees/contractors of Company Members) – **\$15/person**
- Non-Members – **\$75/person**
- CCPS Exam for non members – **\$30/person**
- I will help sponsor this event: ___\$100 ___\$150 ___\$250 ___Other amount \$_____

My current CCPS designation expires _____, and by attending this workshop I am requesting a 1 yr. extension

I will be using my one free retest from the CCPS exam taken at (City) _____ on (Date) _____

TOTAL ENCLOSED _____

Please charge my credit card Visa _____ M/C _____ AMEX _____

Account # _____

Exp. Date _____ 3-digit code _____ (on back of card)

Name _____

Billing Address _____ Signature _____

**Return this form with your check payable to CALSPRO to the Central Office
2520 Venture Oaks Way, Suite 150 Sacramento, CA 95833 – 916.239.4065/916.924.7323 - fax**