



LARGE SCALE SUMMIT

October 3-4, 2019

RENAISSANCE
NEWPORT BEACH
HOTEL

NEWPORT BEACH, CA



**THROUGH THE LENS OF
A LARGE SCALE MANAGER**

Join fellow CACM high rise managers from across California for this two-day summit focused specifically on you! Experience the freedom of collaborating with other attendees who view communities through the same lens. You'll find collaborative and collective solutions to some of your most challenging problems, all while building and strengthening relationships.



23461 South Pointe Drive, Ste. 200
Laguna Hills, CA 92653
949.916.2226 | www.cacm.org
marketing@cacm.org

CONTACT NAME/ TITLE _____

COMPANY _____

ADDRESS _____

CITY / STATE / ZIP _____

WEBSITE _____

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PHONE _____ MOBILE _____

LARGE SCALE SUMMIT REGISTRATION FEES

	Thru 8/17	Thru 9/6	After 9/25
CACM Manager Member	\$349	\$399	\$499
Non-Member	\$549	\$599	\$699

Program Details

Attendance is limited to paid registrants and sponsors. Full conference registration fee includes all Large Scale Summit program materials and meals as indicated. CCAMs, CAFMs and MCAMs earn 6 CEUs. CAMEX earn 5 points. Dress Code: Business/Professional Casual

Registration/Refund Policy

Payment is due at the time of registration. Confirmation will be sent upon receipt of paid registration. Requests for cancellation must be received in writing. The event fee is 90% refundable on or before Sept. 2. The event fee is 50 percent refundable if the cancellation request is received after Sept. 2 and before Sept. 17. The event is non-refundable after Sept. 18. Please contact registration@cacm.org or 949-916-2226 with any questions.

PAYMENT METHOD *Full payment must accompany this form.*

Please remit form via email to: registration@cacm.org or mail to:
CACM, Attn: Registration, 23461 South Pointe Dr., Ste. 200, Laguna Hills, CA 92653

Visa Mastercard American Express Discover

Check Enclosed (made payable to CACM) Total Amount Enclosed: \$ _____

CARD NUMBER _____

EXP. DATE _____ CVV CODE _____

CARDHOLDER'S NAME _____

AUTHORIZED SIGNATURE _____

YES, please email credit card receipt to _____

AUTHORIZED SIGNATURE _____

DATE _____