

# 2025 CACM EXECUTIVE LEADERSHIP SUMMIT

## REGISTRATION

**2025 CACM'S  
EXECUTIVE LEADERSHIP SUMMIT  
THE LANGHAM HUNTINGTON  
PASADENA, CA  
APRIL 24 - 25, 2025**

### REGISTRATION FEES (check one)

#### EXECUTIVE LEADERSHIP SUMMIT (6 CEUs)

	Early (Thru 2/24)	Regular (After 2/24)
Manager Member	\$529	\$629
Manager Non-Member	\$629	\$729
Additional Cocktail Reception & Dinner	\$239	\$279

Attendance is limited to paid registrants and sponsors. Full conference registration fee includes all Executive Leadership Summit program materials and meals as indicated. CCAMs, CAFMs and MCAMs earn 6 CEUs. CAMEX earn 5 points.

#### REGISTRATION POLICY

Cancellations must be received in writing via email [registration@cacm.org](mailto:registration@cacm.org) prior to the event date. 90% of the registration fee will be credited to the member's account if the cancellation request is received at least two months prior to the event date. 50% will be credited to the member's account if the cancellation request is received at least one month prior to the event date. There are no credits available within 30 days of the event.

#### PRIVACY STATEMENT

By registering for this event, you consent to receive emails and other electronic communications, as well as direct mail, related to CACM membership and events, and to products and services of CACM, our industry partners, and other select third parties. You also agree that while membership may provide you access to lists from CACM databases, you will use those lists only in accordance with their express terms, and not for commercial purposes. You also agree to respect CACM service marks and trademarks, and use the CACM brand and credentials in accordance with association approved standards and policies.

#### STATEMENT OF PHOTO & VIDEO RELEASE

Photography and video recording takes place during CACM events as part of CACM's ongoing marketing, public relations and social media efforts. By registering or sponsoring for events, you grant CACM the right to film and photograph you without compensation and release CACM from all liability in connection with the use and distribution of your likeness.

### PLEASE FILL IN ALL FIELDS BELOW

COMPANY NAME

EVENT CONTACT

STREET ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

MOBILE PHONE

WEBSITE (Required)

EMAIL (Required)

### PAYMENT METHOD Full payment must accompany this form.

TOTAL DUE \_\_\_\_\_

Amex    Discover    Mastercard    Visa

PLEASE EMAIL A CREDIT CARD RECEIPT TO

CARD NUMBER

CVV

EXPIRATION DATE

BILLING ZIP CODE

CARDHOLDER NAME (PRINT CLEARLY)

AUTHORIZED SIGNATURE

APPROVED BY

TITLE

### EASY WAYS TO REGISTER

1. Online: [www.cacm.org](http://www.cacm.org)
2. Email: Fill out PDF and send to [registration@cacm.org](mailto:registration@cacm.org)

### QUESTIONS

Please email [registration@cacm.org](mailto:registration@cacm.org) or call us at 949.916.2226 with any questions.



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