



2026

SPRING EDUCATIONAL FORUMS REGISTRATION FORM

FORUMS LOCATION:

Santa Barbara Lunch 04/28	Sacramento Breakfast 05/14
San Diego Lunch 04/30	Orange County Lunch 05/19
Inland Empire Lunch 05/05	San Francisco Lunch 05/21
East Bay Lunch 05/12	Coachella Valley Breakfast 05/28
North Bay Lunch 05/13	

REGISTRATION FEES:

	CACM Members	Non-Members
Early (More than 30 days prior to the event):	\$50	\$70
Regular (30 days prior to the event):	\$60	\$80
Walk In:	\$70	\$90

Note: MCAMs, CCAMs & CAFMs earn 3 CEUs per Forum.

REGISTRATION POLICY

Cancellations must be received in writing via email 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

NAME _____

EVENT CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ MOBILE PHONE _____

EMAIL (Required) _____

Dietary Restrictions or Food Allergies?:

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
2. Email: Fill out PDF and send to registration@cacm.org

QUESTIONS

Please email registration@cacm.org or call us at 949.916.2226 with any questions.



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