



**Buckle Up New Mexico Conference 2010: March 10-11, 2010
Registration Form**

Name

CPS Technician ID#

Tech Expiration Date

Organization

Address

City

State

Zip

Phone

Fax

E-mail Address

CONFERENCE
REGISTRATION
FEE

Please indicate the type of payment enclosed for \$40.00 conference registration fee:

Purchase Order

Personal Check

Agency Check

Money Order

CHILD SAFETY SEAT
CLINIC

Please indicate whether or not you wish to attend the child safety seat clinic on Wednesday, March 10, 2010. You must arrive at 8:00 a.m. Permission to participate will be indicated in your conference confirmation letter.

YES, I live in a rural area and wish to attend the child safety seat clinic.

NO, I do not wish to attend the child safety seat clinic

LODGING ARRANGEMENTS

Participants traveling more than 60 miles each way will be provided a double-occupancy room at the Sandia Resort and Casino the night of Wednesday, March 10, 2010.

Please indicate below if you have a roommate preference. Otherwise, Safer will assign you a roommate of the same gender. If you prefer not to share a room, you will be required to make your own lodging and payment arrangements.

Please check one:

I am traveling *less than* 60 miles to attend the conference and will NOT require a hotel room.

I am traveling *more than* 60 miles each way and am requesting a hotel room through the Buckle Up New Mexico Conference. This room will be provided at no charge to me or my agency.

Preferred roommate's name: _____

I will NOT need Safer to reserve a hotel room for me. I prefer to make my own lodging and payment arrangements.

Please mail this form, with payment, to Safer New Mexico Now by February 4th.

9400 Holly Ave. NE, Suite 201, Albuquerque, NM 87122

A confirmation letter will be sent prior to the conference.

