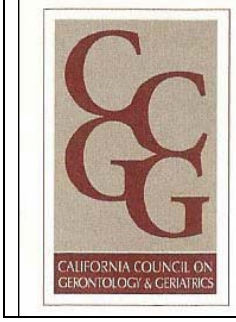

Annual Meeting Registration

Please Print Clearly

First Name **Middle Initial** **Last Name** **Degrees**

Organization/Affiliation

Discipline

Mailing Address **[ ] Home** **[ ] Office**

City **State** **Zip Code**

Daytime Phone Number

E-mail Address (required for registration confirmation)

REGISTRATION FEES

[ ] CCGG Member $150
[ ] Non-member $175
[ ] Student $ 50
[ ] Elder $ 50

[ ] Please check here if you prefer a vegetarian lunch
[ ] Please check here if you do not wish to be on the participation list

Please make all checks payable to CCGG include form and mail to:

California Council on Gerontology & Geriatrics
10945 Le Conte Avenue, Suite 2339
Los Angels, CA 90005-1687

To Use a Credit Card Fill Out Information Below and mail.

Select one: [ ] MasterCard [ ] Visa
Account Number _____ Expiration Date _____
Name on Credit Card _____ Amount _____
Authorized Signature _____
For more information, contact CCGG Executive Office at:
TEL 310.312.0531 | FAX 310.312.0546
ccggoffice@mednet.ucla.edu