



Continuing Education Workshop

This workshop will feature a comprehensive study of all the information needed to pass the C.C.P.S. exam. In addition to the standard workshop this seminar will include a portion dedicated to the beginning or inexperienced process server. **Added emphasis will be given to all changes affecting service of process in 2017.** All C.C.P.S. workshops attendees receive the workbook and handouts. A laminated wallet code card will follow by mail.

Saturday – April 8, 2017
CALSPRO Headquarters Office
2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833

9:30 a.m. – 4:00 p.m. - Workshop and Exam
Light Snacks Will Be Provided

Registration for all seminars must be made with the CALSPRO Central Office

Cancellation Terms: Workshops, Examinations and Seminars are subject to cancellation until 48 hours prior to their scheduled commencement. You will be notified of said cancellation via contact information provided. CALSPRO is not responsible for failure to receive notice of cancellation. CALSPRO is solely responsible for the refund of payments received and is not liable for any expenses the registrant has chosen to incur.

Name (one registrant per form please) _____

Company (If contracted, Company Member's name) _____

Address _____

Phone _____ Fax _____ Email: _____

WORKSHOP

- Individual Members – \$20/person
- Company Members – \$45/person
(employees/contractors of Company Members)
- Non-Members – \$80/person

EXAM

- Individual Members – \$15/person
- Company Members \$20/person
(employees/contractors of Company Members)
- Non-Members – \$30/person

SPONSOR

I will help sponsor this event:
____\$100 ____\$150 ____\$250 ____Other amount \$ _____

EXTENSION

My current CCPS designation expires _____
By attending this workshop I am requesting a 1 yr. extension

RETEST

I will be using my one free retest from the CCPS
exam taken at (city) _____ (date) _____

TOTAL ENCLOSED \$ _____

Please charge my credit card Visa _____ M/C _____ AMEX _____

Account # _____

Exp. Date _____

Name _____

Billing Address _____

Signature _____

**Return this form with your check payable to CALSPRO to the Central Office
2520 Venture Oaks Way, Suite 150 Sacramento, CA 95833 – 916.239.4065/916.924.7323 - fax**