



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 2020.** All C.C.P.S. workshops attendees receive the workbook and handouts. A laminated wallet code card will follow by mail.

Saturday– April 4 , 2020
Webinar Only
9:00am to 12:00pm

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 _____
Address _____
Phone _____ Email: _____

WEBINAR: CALSPro is now offering a Webinar option to attend the CCPS Workshop online from the comfort of your home. Space is limited for this option, so please register today and make sure to mark the Webinar Option. All materials will be emailed to you prior to the Webinar. If you are interested in taking the exam in conjunction with the webinar, designate that on your registration form, and we will arrange for your local area governor to proctor your exam at a later time.

WORKSHOP

- Members – \$45/person
(& Employees of Members)

- Non-Members – \$80/person

EXAM

- Members – \$20/person
(& Employees of Members)

- Non-Members – \$30/person

SPONSOR

I will help sponsor this event, Amount to Donate _____

CONTINUING EDUCATION FUND

___\$100 ___\$150 ___\$250

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 \$ _____

Account # _____ Exp: _____

Name _____

Billing Address _____

Signature _____