

EVENT REGISTRATION

Agency: _____ MainContact: _____
Email: _____ Phone Number: _____

The main contact listed will be presenting the awards at the event unless otherwise assigned.



AWARD SELECTION



Each agency will be given the opportunity to recognize one person/employee free of charge.
After the 1st award, there will be a \$45 cost per each additional award given by the agency.
Agency will receive invoice for awards. Payment can be made via credit card or check.

Make all checks payable to: CPRS District 9

Check may be mailed to: Linnea Palmer, 401 Sheldon Street, El Segundo, CA 90245

Award applications are due March 18th,

Email registration form and supporting documents to: lpalmer@elsegundo.org or d9cprs@gmail.com

Registration required for all attendees.

Names of Recipient and Title:

Full-Time Staff Award

Name	Title

Part-Time Staff Award

Name	Title

Community Volunteer Service Award

Name	Title

Please include the following with each registration form to be included in our multi media presentation:

- Picture that represents your Agency
- Brief biography or write up for each person (can be written in the body of your email or a separate word document)
- Picture of each award recipient saved with their name (recipientname.jpg)

*All award biographies will be printed out for city presenter.