

Yes, I want to register for SamCERA's **Retirement Workshop**
(Please Print Clearly)

Name: _____ Projected Date of Retirement: ____/____/____

Number of Additional Attendees: _____

Home Address:

Street

City

Zip

E-Mail: _____ Pony: _____ Phone #: (____) ____ - _____

Circle the Date & Time you wish to enroll:

October	November			
12	9			
26	30			

11:00AM

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*Complete the application form and **Fax** to (650)591-1488 or **Mail** to 100 Marine Parkway, Suite 125, Redwood Shores, CA 94065-5208 or **Pony** to RET141*