

2022

CWC Annual Conference

MAY 13, 2022


AYRES HOTEL

COSTA MESA / NEWPORT BEACH

325 Bristol Street

Room reservations are \$120 plus tax single/double (add \$10.00 per person per night for each additional guest)

Call 1-800-322-9992 before 4-20-2022 and ask for California Workforce Connection rate

Free shuttle from Orange County Airport and free hotel parking

For questions contact email CWC Executive Office Manager at caworkforceconnection@gmail.com or visit the CWC website www.californiaworkforceconnection.org for updates



Conference Program 8am-5pm

EDD Director, Rita Saenz, invited

Devin Hughes, confirmed

Rob Claudio, confirmed

Penny Lambright, confirmed

CA State Senator Josh Newman, invited

Recognition Awards Luncheon

Register Early and Save! – Postmark your Registration by May 3, 2022 (Includes Lunch)

Early Registration Prices:

- Member \$60 ○ Non-Member \$80
- Retiree \$45 ○ PI Member \$45

After May 3, 2022, Registration Prices:

- Member \$70 ○ Non-Member \$90
- Retiree \$50 ○ PI Member \$50

Click to register online with [Eventbrite link](#) (process fee will be added by Eventbrite)

Or pay by check by completing a conference registration form on second page with a check (payable to CWC) to: Nanette Bowman, 2006 Port Albans Circle, Newport Beach, CA 92660

Registration Non-Refundable

“Alone we can do so little; together we can do so much.” - Helen Keller





The California Workforce Connection

Annual Education Conference Registration Form

May 13, 2022

AY
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Lunch included in price.

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After May 3, 2022: Member \$70 Non-Member \$90 Retiree \$50 PI Member \$50

For further information, contact Nan Bowman 714-269-0612 nanettebowman@cox.net

2022 CONFERENCE REGISTRATION FORM

Complete and mail this form (one form per person) with your check (payable to CWC)
Attn: Nanette Bowman, 2006 Port Albans Circle, Newport Beach, CA 92660

Name _____

Address _____

City _____ State _____ Zip _____

E-mail: _____

Home Phone Number: _____ Work Phone Number: _____

Local Office Name and Number: _____ Local Chapter _____

Check Number: _____ Amount Enclosed \$ _____

Please indicate dietary restrictions if applicable: _____

Registration Non-Refundable