CalPERS Retirement Planning Workshop Reservation Form

PLEASE REGISTER IN THE WORKSHOP SCHEDULED THE WEEK OF _____

1. Social Security Number_____

2. Member's Full Name _____

   Mail Confirmation letter to: ____ Member or ____ Employer

3. Address _____

   City _____Zip_____

4. Employer _____

5. Phone (_____) _____

6. City or Town Where You Work _____

7. Job Classification _____

8. Disability Accommodations Auditory Mobility Visual Other

9. Will Spouse Attend?: _____ No _____ Yes (If Yes, please complete below)

   Is spouse a **CalPERS** member?:

   _____ No _____ Yes (If Yes, please continue)

   Spouse Name: _____

   Spouse Social Security Number: _____

   Spouse Employer: _____

Please mail this Reservation Form to:

☐ **SACRAMENTO** 400 P Street, Room 1490 Sacramento, CA 95814 (916) 326-3630 FAX (916) 326-3176	☐ **SAN FRANCISCO** 301 Howard Street Suite 2020 San Francisco, CA 94105 (415) 396-9700 FAX (415) 396-9776	☐ **LOS ANGELES** 11766 Wilshire Boulevard Suite 1600 Los Angeles, CA 90025 (310) 231-3464 FAX (310) 231-3480	☐ **SAN BERNARDINO** 650 East Hospitality Lane Suite 330 San Bernardino, CA 92408 (909) 383-4431 FAX (909) 383-6882
☐ **FRESNO** 10 River Park Place East Suite 230 Fresno, CA 93720 (209) 433-0164 FAX (209) 433-0196	☐ **MOUNTAIN VIEW** 650 Castro Street Suite 240 Mountain View, CA 94041 (415) 428-0112 FAX (415) 428-0279	☐ **ORANGE COUNTY** 500 North State College Blvd. Suite 750 Orange, CA 92868 (714) 935-2625 FAX (714) 935-2628	☐ **SAN DIEGO** 7676 Hazard Center Drive Suite 350 San Diego, CA 92108 (619) 220-5454 FAX (619) 220-5457