

**WAITLIST FOR REGISTRATION | CAP-TO-CAP 2026**

Please complete this form and e-mail to Susan Harris-Brazelton – [sharris@metrochamber.org](mailto:sharris@metrochamber.org) – 916-826-5410

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**ATTENDEES'S REGISTRATION INFORMATION.** Please print legibly entering **full LEGAL Name** as it appears on ID.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (Mandatory) : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_ Attendee's Cell Phone #: ( ) \_\_\_\_\_  
Mandatory

Attendees E-mail address: \_\_\_\_\_ Name to Appear On Badge: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Administrative Assistant's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
(If applicable)

Admin's E-mail address: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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**FORM OF PAYMENT:** CHECK \_\_\_\_\_ or If using Credit Card, fill out the information below:

Note: A 3.1% non-cash fee will be added after the registration is completed if paying with a credit card

CARDHOLDER'S NAME \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARDHOLDER'S PHONE # ASSOCIATED WITH ACCOUNT: ( ) \_\_\_\_\_ - \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_VISA \_\_\_MASTERCARD \_\_\_DISCOVER CARD \_\_\_AMEX

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_ / \_\_\_

CVV2# (3 OR 4 DIGIT NUMBER ON BACK OR FRONT OF CARD) \_\_\_\_\_

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**PLEASE SELECT:**

1. WAITLIST FOR Group Flights: Yes \_\_\_\_\_ or No \_\_\_\_\_ If no air, you will receive a \$350 air credit  
If the flights you selected are sold out, you will be notified and other options will be provided.
2. Hotel Dates: Check-In: \_\_\_\_\_ Check-Out: \_\_\_\_\_  
Note: The basic package includes 4 nights. If you add any additional nights, you will be charged for the extra nights @ \$420.00 per night
3. Hotel: Single Occupancy or Double Occupancy? \_\_\_\_\_ Share with? \_\_\_\_\_
4. Any Dietary Restrictions? \_\_\_\_\_ 5. Elected Official: Yes \_\_\_\_\_ or No \_\_\_\_\_
6. Team Choice: \_\_\_\_\_ (see webpage for options)
7. Attendance History: Freshman (or) Veteran
8. If taking a Group Flight: Mileage Number \_\_\_\_\_ TSA # \_\_\_\_\_ (If Applicable )