



Pathways Open Enrollment Pre-Convention Form
Tuesday, August 27, 2019
8:00am-5:00pm

Community Action Partnership's 2019 Annual Convention

If you will be attending the Pathways Open Enrollment pre-convention session, please select your fee amount, based on your agency's budget and include that amount in your 2019 Annual Convention registration form. Please also fill out the information below and submit it with your 2019 Annual Convention registration form.

You only need to pay the Pathways Open Enrollment fee once for your agency, and registration fee for up to 5 individuals. Please designate one person from your agency to enroll in the Pathways Open Enrollment and pay the fee. Please note that space for this event is limited and registrations for this event will be on a first-come, first-served basis. If you have questions regarding registration, Please contact Sranda Watkins at swatkins@communityactionpartnership.com or (202) 860-1029.

For more information about the Pathways Initiative please contact Jarle Crocker, Director, T&TA by email jcrocker@communityactionpartnership.com or phone (202) 860-1017.

Agency Budget	Open Enrollment Fee
<input type="checkbox"/> \$0-\$500,000	\$750
<input type="checkbox"/> \$501,000-\$1,000,000	\$900
<input type="checkbox"/> \$1,000,001-\$3,000,000	\$1050
<input type="checkbox"/> \$3,000,001-\$6,000,000	\$1200
<input type="checkbox"/> \$6,000,001-\$9,000,000	\$1350
<input type="checkbox"/> \$9,000,001-\$12,000,000	\$1500
<input type="checkbox"/> \$12,000,001 and up	\$1800

For more information about the Pathways Initiative please contact Jarle Crocker, Director, T&TA by email jcrocker@communityactionpartnership.com or phone (202) 860-1017.

Agency Name: _____

Agency Address: _____

City _____ State _____ Zip _____ Phone: _____

Attendee 1 Name: _____ Attendee 1 Title: _____

Attendee 1 Email: _____ Attendee 1 Phone: _____

Attendee 2 Name: _____ Attendee 2 Title: _____

Attendee 2 Email: _____ Attendee 2 Phone: _____

Attendee 3 Name: _____ Attendee 3 Title: _____

Attendee 3 Email: _____ Attendee 3 Phone: _____

Attendee 4 Name: _____ Attendee 4 Title: _____

Attendee 4 Email: _____ Attendee 4 Phone: _____

Attendee 5 Name: _____ Attendee 5 Title: _____

Attendee 5 Email: _____ Attendee 5 Phone: _____