SIG EVENT/WORKSHOP: AT-DOOR PAYMENT INSTRUCTION SHEET

PLEASE PRINT AND USE 'AT-DOOR PAYMENT' FORM ON PAGE 2

LA-CAMFT welcomes those wanting to attend an event/workshop but who arrive on the day without pre-registering. SIG Chairs have the discretion to take walk-in participants. The primary consideration for allowing walk-in participation is to ensure not to exceed the venue's maximum occupancy limit established by fire-safety regulations.

It is incumbent upon the SIG Chair/s to be prepared for walk-in participants and to include along with a regular pre-registered arrival check-in process, an at-door payments process.

Based on experience:

- Walk-ins might arrive prior to all pre-registered arrivals. Therefore, please consider the following:
 - If the online registration process has not exceeded the room occupancy or desired number of attendees, then walk-ins are welcome to pay at the door up to the occupancy limit of the room.
 - If the online registration process has sold-out, based on the room occupancy limit or based on reaching the SIG's desired number of attendees, then a waitlist for walk-ins may be started, recognizing that pre-registered attendees may arrive late and only after all seats have been filled by wait-listed arrivals. Therefore, thoughtful management is required.
- SIG Chairs are responsible for managing at-door payments and guaranteeing delivery of atdoor payments to the CFO.
 - o The attached form has been created to manage this process.
 - Please <u>print</u> and have available a set of these forms for the check-in team in anticipation of at-door payments.
- Prior to the event the SIG Chair must arrange with the CFO (or Administrator) to have cash change for the SIG check-in team for use for walk-in payments.

As of the publication of this form the Chief Financial Officer and Administer are as follows:

CFO:	Billie Klayman	Administrator: Christina Bielfelt
Email:	<u>billie@lacamft.org</u>	Email: <u>christina@lacamft.orq</u>
Phone:	(818) 458-3379	Phone: (323) 964-3200

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Version: 3/26/15 1

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The California Association of Marriage & Family Therapists Los Angeles Chapter P.O. Box 480119, Los Angeles, CA 90048 T 323.964.3200

PLEASE LEGIBLY COMPLETE THIS FORM BY HAND, AND INCLUDE ALL SIGNATURES WHERE ASKED FOR

Date of Event	_		
Name of SIG			
Event			
SIG Chair/s			
Name of Venue			
Address of Venue			
Participant Name			
Participant Address			
Phone Number			
Email			
LA-CAMFT Member?			
METHOD OF PAYMENT			
CASH \$			
CHECK \$	CHECK #		
Name on check			
	CARD #		
Name on card			
Expiration Date	Security Code		
Card holder Signature			
Signature of SIG member receiving	g payment		
Office use only: Check/Card Paym	ent Cleared:	Date:	

Version: 3/26/15 2