



2019 RESDC HEALTH FAIR PICNIC

Wednesday, October 16, 2019, 10:00 am—1:00 pm

Lunch Served 11:30 am—12:30 pm

Admiral Baker Field

2400 Admiral Baker Rd, San Diego 92124

What: 20+ resource booths, picnic lunch, and opportunity drawing. This is an outdoor event. Information will be available about: Ameritas Dental, Cigna Dental, Health Net, Kaiser Permanente, Pacific Group Agencies, Inc., San Diego County Credit Union, United HealthCare, and My Senior Health Plan.

Menu: Barbecued beef, green beans, baked beans, fruit, coleslaw, rolls, beverages, and dessert

Registration: EVERYONE, INCLUDING MEMBERS, MUST REGISTER IN ADVANCE.
This ensures we order enough food for everyone and are in compliance with the policy of Admiral Baker Field to not complete financial transactions onsite. Thank you for your cooperation!

RESDC Members: \$0

Non-Members: \$5

Spouses, guests, retirees who have not joined RESDC, etc. are required to pay \$5 each.

Registration forms and payment must be received in the RESDC office by Friday, October 11, 2019. There are no refunds. Name badges and opportunity drawing tickets should be picked up at the Check-In table. They will not be mailed. **No pets are allowed at Admiral Baker Field except Service Animals. No smoking or vaping.**

Choose Registration Method:

Register by Phone: Call the RESDC Office at (619) 688-9229 during our hours of 9 am - 2 pm Mon-Fri.

Register by Mail: Fill out the form below. Make a check payable to RESDC for \$5 per non-member in your group. Mail form and check (if applicable) to RESDC, 8825 Aero Dr., Suite 205, San Diego, CA 92123.

Register Online: Go to www.resdc.net/events and click the green "Register" button. To access the free RESDC member price, use the email associated with your member account. Click "Add guest" to add non-member attendees for \$5 each. To pay for non-member attendees, click "Pay Online" and pay with credit card; otherwise, click "Confirm." To add another RESDC member, please call RESDC at (619) 688-9229.

Health Fair Picnic Registration Form

RESDC Member Name(s): _____

Department: _____ Date Retired: _____

Phone: _____ Email: _____

Non-Member Name(s): _____

of RESDC Members: ____ (FREE) # of Non-Members: ____ x \$5 each = \$ ____ (Total Enclosed)