

Anchoring Tree Appraisal

A Multi-Method Approach

Saturday, December 10, 2016

Arcadia, CA 91007

8am-3pm

A tree appraisal report is only as strong as its justification. Different appraisal methods are appropriate for different appraisal assignments. Learn the basics of a variety of different methods for appraising trees and how to synthesize them into a final assignment result. 6 CEUs available to Certified Arborists.

7:30am: DOORS OPEN

- Coffee, fruit, and baked goods will be served

8-9am: INTRODUCTION TO ANCHORING

- Importance of anchor values
- Credibility and relevance
- Defining the assignment
- Data collection

9-11am: COST APPROACH TO APPRAISAL

- Trunk Formula Method
- Partial losses
- Cost of repair
- Cost Forwarding
- Discounted Cash Flow

11am - 12pm: LUNCH BREAK



12pm-1pm: MARKET AND INCOME APPROACHES TO APPRAISAL

- Direct sales comparison
- Contributory real estate value
- Direct income approach
- Net present value

1-3pm: CASE STUDIES AND GROUP DISCUSSION

3pm: CEUs sign-in

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Location:

Arcadia Community Center
Room 7B
365 Campus Drive
Arcadia, CA 91007

Fee: \$125

Instructor:

James Komen
BCMA #WE-9909B, RCA #555

6 CEUs for certified arborists



Registration form available at:
www.JamesKomen.com

check or online credit card payment is accepted

RECREATION REGISTRATION INFORMATION

There are 4 easy ways to register for classes . . .

ONLINE

Log onto
ArcadiaCA.gov
and look for the
recreation page or
quick link to
online registration.

Beginning:
Monday, August 15
Arcadia Residents Only
Monday, August 22
Non-Resident Registration

MAIL-IN

**Arcadia Recreation
and Community
Services Department**
P.O. Box 60021
Arcadia, CA 91066-6021

Make checks
payable to:
City of Arcadia

Beginning:
Monday, August 22

WALK-IN

**Arcadia Recreation
and Community
Services Department**
375 Campus Drive
(Corner of Holly and
Huntington)
626.574.5113

7:30am - 5:30pm,
Monday - Thursday
8am-5pm, every Friday

Beginning:
Monday, August 22

FAX-IN

Fax: 626.821.4370
VISA, Mastercard or
Discover



Fax completed form
and payment information
24 hours a day.

Beginning:
Monday, August 22

ONLINE / MAIL-IN / WALK-IN / FAX-IN

In the event that you need to make changes to your account i.e., address (Arcadia residency) or birthdate, you will need to provide proof to the Recreation Office. For proof of Arcadia residency, a utility bill or driver's license is required and for proof of birth (18 years and younger), a passport or birth certificate is required.

For your convenience: We accept VISA, MasterCard and Discover card for all registrations.

Online registration receives priority. Only Arcadia residents can register online beginning Monday, August 15. No mail-in, walk-in or fax-in registration will be processed at the Recreation and Community Services Office prior to August 15. Registration will be processed in order received.

Non-residents can register online, mail-in, walk-in or fax-in beginning Monday, August 22.

Mail completed form and payment to: **Arcadia Recreation and Community Services Department, P.O. Box 60021, Arcadia, CA 91066-6021** (Make checks payable to: **City of Arcadia**)

GENERAL INFORMATION AND REFUND POLICY

- * To ensure successful classes or activities, please register early.
- * Pre-registration for all classes is encouraged. Registration must be processed by the Recreation Department office staff before the first class meeting.
- * If class is full when your check is received, your check will be returned to you by mail and your name will be placed on a waiting list.
- * Refunds will be assessed a \$10 service charge. No cash or credit card refunds. Checks will be issued about two weeks following the refund request. Refunds and transfers must be requested before the second meeting of a class. Any material or food fees paid to the instructor are nonrefundable. No refunds on day of merit badge or trips/excursions.
- * Activities canceled by the department will be given automatic refunds, without a service charge.
- * Parents may not attend children's classes after the first meeting of the class series. Parents are expected to pick up their children promptly at the end of the class time. Children will only be released to their parent or guardian. Late pick up of children will result in a penalty fee.
- * If an outdoor class is canceled due to rain, it will be made up at the end of the session.
- * As a courtesy and for the safety of participants, children are not permitted to attend adult classes.
- * The City assumes no responsibility for registration not received.
- * Late registration will only be accepted at the discretion of the office and will not be prorated.
- * Adult events and classes are for those 18 years and above, unless otherwise noted.
- * Individuals may only sign up themselves or their own family members for recreational classes and activities.
- * Please be advised that all participants involved in any Recreation, Library or Museum programs or special events are subject to being photographed. Such photographs may be used to publicize City programs.

RECREATION AND COMMUNITY SERVICES DEPARTMENT - CLASS REGISTRATION FORM

Parent/Adult Name
 First _____ Last _____ Birthdate _____ Male Female
 Address _____ Primary Number (____) _____
 City/State/Zip _____ Alternate Number (____) _____
 Email Address _____ Cell Number (____) _____

Person to notify in case of emergency, if parent/guardian cannot be reached:
 Name _____ Relationship _____ Phone (____) _____

Health and Participation Questions for Children under 18 years of age
 1. Are there any special requirements, such as a vegetarian diet, or conditions such as allergies (bee stings, food, etc.), asthma, seizures, disabilities, behavior concerns or other medical information of which we should be aware? _____
 2. List any medication(s) taken daily and time medication is taken, reason for medication, and any possible side effects. (Recreation staff is not permitted to administer medications). _____

Name of Participants	Birth Date	Sex	Activity Number	Name of Activity	Fee
First	Last				
			F16-4150	Tree Appraisal Workshop	\$125
REGISTRATION NOT VALID UNTIL SIGNED BELOW					
TOTAL FEES \$					

RELEASE OF LIABILITY AND INDEMNIFICATION FOR ALL PARTICIPANTS - I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This Release is intended to discharge in advance the City of Arcadia, (and their respective agents, volunteers and employees), from and against any and all liability arising out of or connected in anyway with my participation in said activity. I further understand that accidents may occur during said activity, and that participants in such activity may sustain personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. If the participant is a minor, I also give permission for his/her participation in the above activities, and for any necessary emergency medical treatment. I understand that the City of Arcadia has no obligation to supervise my children at the close of the above activities and I release the City of Arcadia, its officers, employees and agents from any liability resulting from the lack of supervision of my children at the close of the above activities. I understand and agree that participants involved in recreation programs are subject to being photographed and such photographs may be used to publicize city programs.

In consideration for the City of Arcadia's acceptance of this registration, I hereby agree to indemnify and hold harmless the City of Arcadia, its officials, officers, employees, agents, or volunteers from any liability or claim or action for damages resulting from or in any way arising out of my participation in any City Recreation and Community Services Department program. I further understand and agree (1) to assume all risks inherent in the activities which are available and in which I may participate, and understand that these activities involve risk to my person and property and (2) to assume the risks, if any, arising from the conditions and use of equipment and facilities. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable to me at this time, and in accordance with Section 1542 of the California Civil Code, I understand that my release extends to claims which I did not know or suspect to exist in my favor at the time of execution of this release.

I understand and agree that included within the scope of this release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of equipment and facilities, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the City, including all acts of negligence of the City. City programs DO NOT qualify as childcare for tax purpose.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of _____ (print minor's name), who is a minor, and I agree on my own and said minor's behalf to the terms and conditions of this release.

In the event of injury or illness while the participant who is a minor is attending the recreation activity, I hereby authorize the City of Arcadia Recreation and Community Services Department to consent to medical treatment on behalf of the minor as deemed necessary. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Recreation and Community Services Department and its officers, employees and agents into whose care the registered child has been entrusted, to consent to the advice of trained emergency personnel. This authorization to consent to treatment of the minor identified above is given to the Recreation and Community Services Department in conjunction with any activity or event in which the minor's care is entrusted to the Recreation and Community Services Department.

The Recreation and Community Services Department may take and use photos of participants for publicity purposes. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Arcadia permission to use my, or if the participant is a minor, the minor's likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.

SIGNATURE (REQUIRED) _____ **Date** _____
 Participant/Parent/Guardian

Please make checks payable to: **City of Arcadia Recreation Office Fax # 626.821.4370**



METHOD OF PAYMENT: Check/Money Order enclosed for \$ _____ VISA MasterCard Discover Card

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Provide Complete Credit Card Number

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Expiration Date

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CVV Code

Cardholder Name (if different than above)

Signature (if using credit card)