

CABE 2016 PLANNING COMMITTEE - COMPLIMENTARY REGISTRATION

MARCH 23-26, 2016 – Hilton San Francisco Union Square, San Francisco, CA 94102

DUE DATE: December 10, 2015

1. PARTICIPANT'S INFORMATION				
Please check: <input type="checkbox"/> Honorary Chair <input type="checkbox"/> Co-chair <input type="checkbox"/> Committee Member				
Name of the Committee you are on: Click here to enter text.				
First Name Click here to enter text.	M	Last Name Click here to enter text.		
Affiliation/School District (will appear on badge) Click here to enter text.		Title or Position Click here to enter text.		
Mailing Address (Street, City, State, Zip) Click here to enter text.				
Work/Office Phone No. (include extension #) Click here to enter text.		Mobile/Cell No. Click here to enter text.		
Email Address Click here to enter text.		Fax No. Click here to enter text.		
<input type="checkbox"/> No, I would not like my name and address shared with conference exhibitors.				
2. HOTEL INFORMATION - HONORARY CHAIR, CO-CHAIR AND SOME COMMITTEE MEMBERS MAY RECEIVE COMPLIMENTARY HOTEL NIGHTS. PLEASE CONFIRM WITH THE DIRECTOR OF EVENTS AND PROGRAMS.				
Please check: <input type="checkbox"/> Tue. 3/22/16 <input type="checkbox"/> Wed. 3/23/16 <input type="checkbox"/> Thu. 3/24/16 <input type="checkbox"/> Fri. 3/25/16 <input type="checkbox"/> No hotel needed <input type="checkbox"/> single <input type="checkbox"/> double <input type="checkbox"/> dbl/dbl (2beds) <input type="checkbox"/> I made my own hotel reservations at: Click here to enter text. Check in: Click here to enter text. Check out Click here to enter text.				
<input type="checkbox"/> ADA, under the provisions of the Title I of the Americans with Disabilities Act, if you require special arrangements, we will contact you at the phone number above to make special accommodations.				
3. EVENT TICKETS- DUE TO LIMITED CAPACITY, MEAL TICKETS MAY NOT BE AVAILABLE ON-SITE				
Description: (Please note: Event tickets are not refundable)		No. of comp	No. of Ticket	Total
<input type="checkbox"/> (CAL) Thursday Award Luncheon, 3/24/16, \$50 ea. <input type="checkbox"/> Vegetarian Option				\$
<input type="checkbox"/> (SEB) Friday Seal of Excellence, 3/25/16, \$60 ea. <input type="checkbox"/> Vegetarian Option				\$
<input type="checkbox"/> (ALS) Administrator Leadership Symposium, Fri 3/25/16, 10:30 am-2:30 pm <i>(This is a complimentary event for superintendents, assistant superintendents and board members. Paid attendees may attend for an additional \$40 (lunch included).</i>				
Grand Total				\$
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex No.		Expiration Date		
Cardholder's Signature				
4. CONTACT INFORMATION				
CABE 2016 – 16033 E. SAN BERNARDINO RD., COVINA, CA 91722 626-814-4441 ex. 101 FAX 626-480-1661 aida@bilingualeducation.org info@bilingualeducation.org www.cabe2016.org				