

CABE 2022 CONFERENCE REGISTRATION FORM

March 30-April 2, 2022 • San Francisco, CA

1. REGISTRATION INFORMATION

Must choose one Registration Type: Administrator Teacher Para-Educator Parent University/College Student Board Professor

EXISTING MEMBER, PLEASE INDICATE MEMBERSHIP NUMBER: _____ The attendee agrees to follow the COVID-19 guidelines set forth by the City of San Francisco? Click here for latest information: <https://sf.gov/topics/coronavirus-covid-19> YES NO

YES, I would like interpretation for General Sessions. Language: _____

****NOTE: ALL INFORMATION WILL BE EMAILED OR SENT TO THIS ADDRESS** \$20 - I would like to receive the paper copy of the program
All participants will have access to the program electronically

First Name _____ Middle Initial _____ Last Name _____

Affiliation/School District (will appear on name badge) _____

**Mailing Address (Address, City, State) _____

Work /Office Telephone No. _____

**Attendee Email Address _____ Contact Email, if Other Than Attendee _____ Fax No. _____

NO, I would not like my name, address or email to be shared. Any special needs? _____

2. CONFERENCE FEES (Additional Fees for Paid Events are not included in Registration Fee):

\$50 per Registration Processing Fee for Mail-in, Fax, Email Registrations SAVE MONEY \$\$\$ Register Online!

Member		Full Four Day Conference Fees			One Day Conference Fees (Please choose the day you would like to attend)			Saturday Special
Registration Categories		Extra Early Bird on/before 12/9/21	Early Bird on/before 2/3/22	After 2/3/22	Extra Early Bird on/before 12/9/21 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Early Bird before 2/3/22 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	After 2/3/22 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Saturday Only
Administrator	Teacher	<input type="checkbox"/> \$525	<input type="checkbox"/> \$570	<input type="checkbox"/> \$690	<input type="checkbox"/> \$325	<input type="checkbox"/> \$340	<input type="checkbox"/> \$370	<input type="checkbox"/> \$250
Parents	Para-Educators	<input type="checkbox"/> \$365	<input type="checkbox"/> \$405	<input type="checkbox"/> \$515	<input type="checkbox"/> \$290	<input type="checkbox"/> \$305	<input type="checkbox"/> \$330	<input type="checkbox"/> \$240

Member Package: \$1600 includes Registration, three nights hotel stay and award luncheon ticket Deadline: March 1, 2022

Non-Member		Full Four Day Conference Fees			One Day Conference Fees (Please choose the day you would like to attend)			Saturday Special
Registration Categories		Extra Early Bird on/before 12/9/21	Early Bird on/before 2/3/22	After 2/3/22	Extra Early Bird on/before 12/9/21 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Early Bird before 2/3/22 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	After 2/3/22 <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Saturday Only
Administrator	Teacher	<input type="checkbox"/> \$675	<input type="checkbox"/> \$715	<input type="checkbox"/> \$835	<input type="checkbox"/> \$415	<input type="checkbox"/> \$430	<input type="checkbox"/> \$460	<input type="checkbox"/> \$275
Parents	Para-Educators	<input type="checkbox"/> \$390	<input type="checkbox"/> \$430	<input type="checkbox"/> \$540	<input type="checkbox"/> \$300	<input type="checkbox"/> \$315	<input type="checkbox"/> \$340	<input type="checkbox"/> \$265

Non-Member Package: \$1725 Includes Registration, three nights hotel stay and award luncheon ticket Deadline: March 1, 2022

Professional Development Days

This registration form is part of pay for 15 and receive 1 registration FREE. Must be part of the same registration category.
 Paid Registrant Complimentary (FREE) Registration (16th person). Refer to registration regulations for further details. (Excludes Hotel Package Registration)

3. PAID EVENTS (Pre-Conference Events, Institutes & Tours) *MUST indicate the 1st and 2nd choice or option will be chosen based on availability

<input type="checkbox"/> (2DI) 2-Day Institutes - \$175 Wednesday and Thursday, 3/30/22 & 3/31/22. See descriptions and use code number (i.e. #1) Lunch included	First Choice _____	Second Choice _____	\$
<input type="checkbox"/> (ALS) Administrative Leadership Symposium - Paid attendees may attend, if space is available for an additional \$50 (Lunch included) Friday, 4/1/22 (Superintendents, Asst. Superintendents & Board Members: Contact info@gocabe.org for COMPLIMENTARY registration.)			\$
School Site Visits, Institute(s) and/or ALS Total			\$

4. EVENT TICKETS (Due to limited capacity, meal tickets may not be available on-site):

<input type="checkbox"/> (CAL) Thursday Award Luncheon, 3/31/22	<input type="checkbox"/> Vegetarian Option	\$60 Each x _____	No. of Tickets _____	Total Event Tickets = \$ _____
<input type="checkbox"/> (SEB) Friday Seal of Excellence Banquet, 4/1/22	<input type="checkbox"/> Vegetarian Option	\$75 Each x _____	No. of Tickets _____	Total Event Tickets = \$ _____
Ticket(s) Subtotal				\$ _____

5. MEMBERSHIP:

<input type="checkbox"/> Teacher \$60 <input type="checkbox"/> Administrator \$90 <input type="checkbox"/> Para-Educator \$35 <input type="checkbox"/> Parent \$20 <input type="checkbox"/> Community \$20 <input type="checkbox"/> Student \$30 <input type="checkbox"/> Professor \$60 <input type="checkbox"/> Retired Teacher or Administrator \$40	Membership Fee Total	\$ _____
	Program (Paper Copy of Program): \$20.00	\$ _____
	Processing Fee	\$ 50.00
(Please add Registration, Pre-Conference Events and Institutes, Event Tickets and Membership Payments)		GRAND TOTAL

6. PAYMENT INFORMATION:

P.O. Check MasterCard Visa American Express Check Number/P.O. Number (Make check payable to CABE)

MasterCard/Visa/American Express Number: _____

Billing Street Address: _____ CC Expiration Date: _____

City: _____ State: _____ Zip Code: _____ Signature: _____ Date: _____