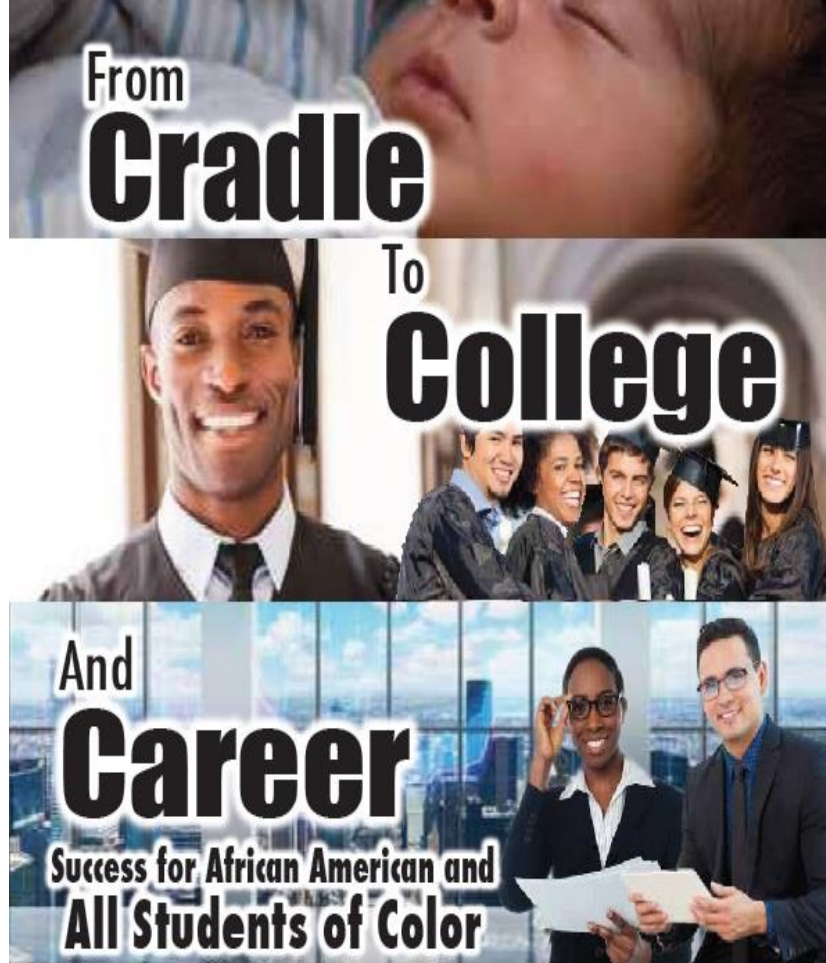


CAAASA 2016 Statewide Professional Development Summit

March 2 – 4, 2016
 Sacramento Sheraton Grand Hotel
 (Sacramento, CA)



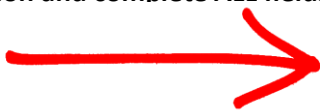
REGISTRATION FORM

Selected Item (s)	Type	Cost
	Early Bird Registration (before 1/9/16)	\$475.00
	Standard Registration (after 1/19/16)	\$525.00
	One Day PARTICIPANT (includes meals and workshops)	\$225.00
	One Day PRESENTER (includes meals and AV costs)	\$250.00
	Pre-Conference Job Fair (onsite March 1, FREE to CAAASA Members)	\$100.00
	Membership Add-on	\$100.00
TOTAL		

Please check here if you will be staying at the conference hotel.

(Please see CAAASA.org for more information on room rates and responsibilities or reserve your hotel room discounts online.)

Please check the most appropriate area of interest as it relates to your current role/position and complete ALL fields below:



- | | |
|---|---|
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Educator: Early Childhood |
| <input type="checkbox"/> Assistant Superintendent | <input type="checkbox"/> Educator: Professional Development |
| <input type="checkbox"/> School District Office Administrator | <input type="checkbox"/> Policy Maker |
| <input type="checkbox"/> School District Site Administrator | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> Leadership Higher Education | <input type="checkbox"/> Business Community |
| <input type="checkbox"/> Educator: Adult Ed./Higher Ed. | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Educator: K-12 | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Intern/Support Staff |
| | <input type="checkbox"/> Other |

First name: _____ Last name: _____ M. I.: _____
 Organization / School and Position: _____
 Mailing Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone (W): _____ (C): _____ E-mail: _____

Payment Options: Attach check or purchase order payable to: CAAASA (PLEASE DO NOT SEND CASH)

Total Payment Amount Due: \$ _____ (calculate from selections above)
 Check #: _____ OR Purchase Order #: _____
 Credit Card #: _____
 Expiration Date (Month/Year): _____ Cardholder name as it appears on card: _____
 CVC#: _____
 Type of card: _____ VISA _____ Master Card _____ Discover _____ AMEX
 City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____

ONLINE REGISTRATION AND e-PAYMENT AVAILABLE at www.CAAASA.org

Or complete and return this form to:

CAAASA, Attn: Dwight Bonds, Executive Director 12155 El Oro Way, Granada Hills, CA 91344 or Fax (509) 752 6721

If there are any questions, please contact Dwight Bonds at 818-217-6310