

**CABE 2019 – March 20-23, 2019 – Long Beach Convention Center  
Complimentary Registration (NON-TRANSFERABLE)**

**Committee Chair**

Form must be completed and turned in no later than 12/10/2018 for accommodations to be made.

**REGISTRATION INFORMATION - COMPLIMENTARY REGISTRATION**

**Name of the Committee(s) you chair:**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
<b>Title/Position</b>		<b>Affiliation/School District</b>
<b>Office Number (please include direct extension)</b>		<b>Mailing Address</b>
<b>Cell Number</b>		<b>Email Address</b>

No, I would not like my name and address shared with conference exhibitors.

**HOTEL INFORMATION - ACCOMMODATIONS CAN BE MADE BY CABE AT YOUR EXPENSE\***

**NO HOTEL ACCOMODATIONS NEEDED, thank you.**  
 I have already made my own reservation. Hotel: \_\_\_\_\_ Reservation #: \_\_\_\_\_

**Please select night(s) for hotel reservation:**

Tue. 3/19/19     Wed. 3/20/19     Thu. 3/21/19     Fri. 3/22/19     Sat. 3/23/19

**Room Type:**     Single     Double     Dbl/Dbl (2 beds)

**Note:** Reservations will not be made if credit card information is not provided. Please provide credit card information on bottom of form.

**\*FORM MUST BE COMPLETED AND TURN IN NO LATER THAN 12/10/18 FOR HOTEL ACCOMMODATIONS TO BE MADE.**

**ADA:** Under the provisions of the Title I of the American with Disabilities Act, if you require special arrangements, we will contact you at the phone number provided above to make special accommodations.

**EVENT TICKETS - MEAL TICKETS AT YOUR EXPENSE\***

Please note: due to limited capacity, meal tickets may not be available on-site	Ticket(s)	Total
<input type="checkbox"/> Thursday 3/21, Award Luncheon (CAL), \$60 ea. <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> <b>DO NOT WISH TO PURCHASE MEAL TICKET, thank you.</b>		\$
<input type="checkbox"/> Friday 3/22, Seal of Excellence (SEB), \$75 ea. <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> <b>DO NOT WISH TO PURCHASE MEAL TICKET, thank you.</b>		\$
<b>*Meal tickets are non-refundable</b> <b>Grand Total:</b>		\$
<input type="checkbox"/> Friday 3/22, Administrative Leadership Symposium (ALS), 10:30am - 2:30pm Pre-Registration is required <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> <b>WILL NOT BE ATTENDING, thank you.</b>		

**Card Type:**     MASTERCARD     VISA     AMEX      **Card Security Code:**  
**Card #:**      **Expiration Date:**

**Cardholder's Signature**

**CONTACT INFORMATION:**  
 DELMA CHWILINSKI, DIRECTOR OF PROGRAMS AND EVENTS  
 20888 AMAR ROAD, WALNUT, CA 91789  
 OFFICE: 626-814-4441 EX.104  
[delma@gocabe.org](mailto:delma@gocabe.org)