

**CABE 2020 – April 8-11, 2020 – Hilton San Francisco Union Square/Parc 55/Hotel Nikko
Complimentary Registration (NON-TRANSFERABLE)**

Committee Chair

Form must be completed and turned in no later than 12/11/2019 for accommodations to be made.

REGISTRATION INFORMATION - COMPLIMENTARY REGISTRATION

Name of the Committee(s) you chair:

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

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. 4/7/20 Wed. 4/8/20 Thu. 4/9/20 Fri. 4/10/20 Sat. 4/11/20

Room Type: Single Double Dbl/Dbf (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 12/11/19 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 4/9, Award Luncheon (CAL), \$60 ea. <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> DO NOT WISH TO PURCHASE MEAL TICKET, thank you.		\$
<input type="checkbox"/> Friday 4/10, Seal of Excellence (SEB), \$75 ea. <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> DO NOT WISH TO PURCHASE MEAL TICKET, thank you.		\$
*Meal tickets are non-refundable	Grand Total:	\$
<input type="checkbox"/> Friday 4/10, Administrative Leadership Symposium (ALS), 10:30am - 2:30pm Pre-Registration is required		<input type="checkbox"/> Vegetarian Option
<input type="checkbox"/> WILL NOT BE ATTENDING, thank you.		

Card Type: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Card Security Code:
Card #:	Expiration Date:

Cardholder's Signature	Reservations cannot be made without a credit card on file
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CONTACT INFORMATION:
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