

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: _____

☐ \$20 - I would like to receive the paper copy of the program
All participants will have access to the program electronically

****NOTE: ALL INFORMATION WILL BE EMAILED OR SENT TO THIS ADDRESS**

Christopher

Martinez

First Name

Middle Initial

Last Name

Patterson High School

Affiliation/School District (will appear on name badge)

1100 Pedras Rd, Turlock, CA

**Mailing Address (Address, City, State)

(209) 892-4790

Work /Office Telephone No.

cmartinez@patterson.k12.ca.us

**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 Students	<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 Students	<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)

Registration Total \$

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

☐ (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

\$

☐ (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):

☐ (CAL) Thursday Award Luncheon, 3/31/22 ☐ Vegetarian Option

\$60 Each x

No. of Tickets

Total Event Tickets =

☐ (SEB) Friday Seal of Excellence Banquet, 4/1/22 ☐ Vegetarian Option

\$75 Each x

No. of Tickets

Total Event Tickets =

Ticket(s) Subtotal \$

5. MEMBERSHIP:

☐ Teacher \$60 ☐ Administrator \$90 ☐ Para-Educator \$35 ☐ Parent \$20 ☐ Community \$20 ☐ Student \$30 ☐ Professor \$60 ☐ Retired Teacher or Administrator \$40

Membership Fee Total \$1725.00

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 \$1775.00

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: _____

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Lucy M Borba
First Name Middle Initial Last Name

Patterson High School

Affiliation/School District (will appear on name badge)

420 Gold St., Manteca, CA 95336

**Mailing Address (Address, City, State)

209-892-4750

Work /Office Telephone No.

lborba@patterson.k12.ca.us

**Attendee Email Address

Contact Email, if Other Than Attendee

Fax No.

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☐ Any special needs?

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

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Registration Total \$

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First Choice _____ Second Choice _____ \$

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School Site Visits, Institute(s) and/or ALS Total \$

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

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\$60 Each x No. of Tickets Total Event Tickets = \$

☐ (SEB) Friday Seal of Excellence Banquet, 4/1/22 ☐ Vegetarian Option

\$75 Each x No. of Tickets Total Event Tickets = \$

Ticket(s) Subtotal \$

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Membership Fee Total \$1725.00

Program (Paper Copy of Program): \$20.00 \$

Processing Fee \$ 50.00

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Flores-Bearup

Ermelinda

First Name Middle Initial

Patterson Joint Unified School District

Last Name

Affiliation/School District (will appear on name badge)

200 N. Seventh Street, Patterson, CA 95363

**Mailing Address (Address, City, State)

(209) 892-4750

Work /Office Telephone No.

ebearup@patterson.k12.ca.us

(209) 895-7093

**Attendee Email Address

Contact Email, if Other Than Attendee

Fax No.

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Membership Fee Total \$

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Processing Fee \$ 50.00

(Please add Registration, Pre-Conference Events and Institutes, Event Tickets and Membership Payments)

GRAND TOTAL \$1,775.00

6. PAYMENT INFORMATION:

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MasterCard/Visa/American Express Number:

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