

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

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
 Contact Email, if Other Than Attendee

**Attendee Email Address

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

Fax No. _____

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

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

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.
 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 |
| 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 |
| 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):

| | | | | |
|--|--|-------------|----------------|--------------------------|
| <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 | \$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 |

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

MasterCard/Visa/American Express Number: _____

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Flores-Bearrup

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.

ebearrup@patterson.k12.ca.us

(209) 895-7093

**Attendee Email Address

Contact Email, if Other Than Attendee

Fax No.

NO, I would not like my name, address or email to be shared.

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Second Choice _____
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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 \$1,775.00

6. PAYMENT INFORMATION:

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

MasterCard/Visa/American Express Number:

Billing Street Address:

CC Expiration Date:

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