

## **CONFERENCE REGISTRATION FORM**

March 26 - 29, 2025 • Long Beach Convention Center

1. REGISTRATION INFORMATION											
Must choose one Registration Type: Administrator Teacher Paraeducator Parent University/College Student Board University Faculty High School Student Academy											
□ EXISTING MEMBER, PLEASE INDICATE MEMBERSHIP PROMO CODE:											
□YES, I would like interpretation for General Sessions. Language:											
**NOTE: ALL INFORMATION WILL BE EMAILED OR SENT TO THIS ADDRESS											
First Name: Middle Name: Last Name: Last Name:											
Affiliation/School District (will appear on name badge):											
**Mailing Address (Street, City, State)											
Work / Office Phone **Attendee Email Address Contact Email, if Other Than Attendee											
□ I prefer that my name, address, and email not be shared. □ Any special needs? □ □ I prefer that my name, address, and email not be shared. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □											
2. CONFERENCE FEES (Additional fees for paid events are not included in registration fee.)											
★★★ Gold and Platinum members can receive additional 15% Savings ★★★											
			code, check your ema								
	One Day Conference Fees								Catur	day Chadial	
		Full Four Day Conference Fees			(Please choose the day you would			like to attend)		Satur	day Special
Registratio	on Type*	Extra Early Bird* on/before 11/19/24	Early Bird* on/before 2/26/25	After 2/26/25*	Extra Early Bird <sup>†</sup> on/before 11/19/: □Wed □Thu □	24	Early Bird* before 2/26/25	2/26	5/25*	Sa	aturday* Only
Administrator	Teacher	□\$915	□\$965	□\$995	□ \$560	J-Fri	□ Wed □ Thu □ I		610 LIFT	Г	□\$355
Parent Paraedu	cator Student	□\$570	□ \$610 	□\$730	□\$435		\$455		\$475		□\$345
CABE MEMBERSHIP DISCOUNT											
Enter Promo Code to receive a 15% discount on registration fees: Registration Subtotal—with 15% Discount (if applicable) \$											
PROFESSIONAL DEVELOPMENT DAYS											
□ This registration form is part of "pay for 15 and receive 1 registration FREE." Must be part of the same registration duration category. □ Paid Registrant □ Complimentary (FREE) Registration (16th person). Refer to registration regulations for further details.  Registration Total											\$
3. PAID EVENTS (Pre-Conference Institutes and Events) *MUST indicate the 1st and 2nd choice or option will be chosen based on availability											
□ (SSV) School Site Visits—\$75 Wednesday, 3/26/2025. See descriptions and use code number. (i.e., #1A, #2, #3B, etc.)										\$	
(2DI) 2-Day Institutes—\$225 Wednesday and Thursday, 3/26/25 & 3/27/25. See descriptions and use code number. (i.e., #1) Lunch included.							Second Choice	ice \$			
☐ High School Student Academy —\$100 Thursday, 3/27/25. Lunch included.									\$		
□ (ALS) Administrative Leadership Symposium— Friday, 3/28/25 Paid attendees may attend, if space is available, for an additional \$75. Lunch included  (Superintendents, Asst. Superintendents & Board Members, please contact: info@gocabe.org for COMPLIMENTARY registration.)											
(Superimendents, Asst. Superimendents & Board Members, piease Contact: Info@gocabe.org for CompElimeNTART registration.)  Paid Events Total \$											\$
4. EVENT TICKETS (Due to limited capacity, meal tickets may not be available on-site):											
☐ (CAL) CABE Award Luncheon, Thursday, 3/27/25 ☐ Vegetarian \$60 each x No. of Tickets											\$
☐ (SEB) Seal of Excellence Banquet, Friday, 3/28/25 ☐ Vegetarian						\$75 each x No. of Tickets					\$
Event Tickets Total \$											\$
5. PROGRAM & PROCESSING FEE											
Avoid paying \$50 Registration Processing Fee for Mail-in, Fax, and Email Registrations • SAVE MONEY & Register Online! Processing Fee										g Fee	\$50.00
(Please add Registration, Pre-Conference Institutes and Events Tickets + Program) GRAND TOTAL										\$	
6. PAYMENT INFORMATION											
			□ Discover □ Check Num	ber/P.O. Number (	Make check payable to CABE	Т.					
MasterCard / Visa / American Express / Discover Number: CVV: CC Expiration Date:											
Billing Street Address								D.4			
City:	y: State: Zip Code: Signature:								Date:		