

CABE * 2014

CONFERENCE REGISTRATION FORM

EXTRA SAVINGS! REGISTER ONLINE!
JUST VISIT WWW.CABE2014.ORG

CABE 2014 • 39TH ANNUAL CONFERENCE • CREATING MULTILINGUAL MAGIC
APRIL 2-5, 2014 • ANAHEIM MARRIOTT HOTEL

EXTRA EARLY BIRD ON-LINE OR POSTMARK DEADLINE: NOVEMBER 1, 2013 • EARLY BIRD POSTMARK DEADLINE: FEBRUARY 14, 2014 • ON-LINE REGISTRATION DEADLINE: MARCH 26, 2014

YOUR INFORMATION

Please read the reverse side of this form prior to completing

- I am a current CABE member as of April 30, 2014
(See #3 in the next column if you would like to join or renew your CABE membership.)

My Membership ID # _____

First Name _____ MI _____ Last Name _____
Please check one: Teacher Administrator Parent Student Para-Educator

Affiliation/School District (will appear on badge) _____

Mailing Address _____

City _____ State _____ Zip _____

Work Telephone No. _____ Home Telephone No. _____

Email Address _____
 YES, I would like interpretation for General Sessions and Keynote Speakers.

LANGUAGE: _____

- NO, I would not like my name, address or email address shared.
 Any special needs: _____

1. CHOOSE YOUR REGISTRATION

FOUR DAY PASS

M: MEMBER N-M: NON-MEMBER	TEACHERS, ADMINISTRATORS		PARENTS, STUDENTS, PARA EDUCATORS	
	M	N-M	M	N-M
<input type="checkbox"/> EXTRA EARLY BIRD ON-LINE or Mail In DUE 11/1/13	\$400	\$525	\$200	\$225
<input type="checkbox"/> EARLY BIRD ON-LINE On/Before 2/14/2014	\$445	\$565	\$240	\$265
<input type="checkbox"/> EARLY BIRD MAIL-IN POSTMARKED On/Before 2/14/2014	\$465	\$585	\$250	\$275
<input type="checkbox"/> ON-LINE After 2/14/2014	\$565	\$685	\$350	\$375
<input type="checkbox"/> MAIL-IN POSTMARKED After 2/14/2014	\$585	\$705	\$360	\$385

ONE DAY PASS

Day of Attendance
(Check only one): Wed. Thur. Fri.

M: MEMBER N-M: NON-MEMBER	TEACHERS, ADMINISTRATORS		PARENTS, STUDENTS, PARA EDUCATORS		SATURDAY SPECIAL
	M	N-M	M	N-M	
<input type="checkbox"/> EXTRA EARLY BIRD ON-LINE or Mail In DUE 11/1/13	\$200	\$265	\$125	\$135	\$55
<input type="checkbox"/> EARLY BIRD ON-LINE On/Before 2/14/2014	\$215	\$280	\$140	\$150	\$70
<input type="checkbox"/> EARLY BIRD MAIL-IN POSTMARKED On/Before 2/14/2014	\$225	\$290	\$145	\$155	\$75
<input type="checkbox"/> ON-LINE After 2/14/2014	\$245	\$310	\$160	\$170	\$80
<input type="checkbox"/> MAIL-IN POSTMARKED After 2/14/2014	\$255	\$320	\$165	\$175	\$85

Retired Teacher/Administrator (Contact customerservice@bilingualeducation.org)

Total Registration Fees \$ _____

2. ENHANCE YOUR EXPERIENCE BY ADDING MORE

EVENT TICKETS

Due to limited capacity, meal tickets may not be available on-site.

- (CAL) Thur., 4/3/2014 CABE Awards 2014 Luncheon\$50 EA x ____ = _____
 (SEB) Fri., 4/4/2014 Seal of Excellence Banquet\$60 EA x ____ = _____

Total Event Tickets \$ _____

- YES, I would like vegetarian meals.

INTENSIVE 2 DAY INSTITUTES

- (IS) Intensive Institutes\$125 per Registrant

See descriptions and use code number in this brochure. Lunch included with registration fee.

1st Choice: _____ 2nd Choice: _____

NEW! SPECIAL HALF DAY INSTITUTE

- (IP1) IPAD for Educators, Beginners (includes New iPad Mini) ..\$410 per Registrant
 (IP2) IPAD for Educators (bring your own iPad)\$50 per Registrant

SCHOOL SITE VISITS

- (SSV) Wed., 4/2/2014 – School Site Visit\$50 per Registrant

See description and use code number in this brochure.

1st Choice: _____ 2nd Choice: _____

3. \$ave - SPECIAL REGISTRATION PACKAGES

HOTEL & REGISTRATION PACKAGE

Includes Wednesday, Thursday and Friday hotel stay plus 4-Day Conference Registration!
Register by 2/14/14.

- \$999 Member \$1099 Non-Member

REGISTRATION MEMBERSHIP

Get the BEST price for attending! Become or renew your membership and SAVE.

Check appropriate registration box (left) and add membership type below. Make sure your CABE membership status is current as of April 30, 2014.

- New Renewal

- Administrator\$90 Parent/Community\$20
 Teacher\$60 Student\$20
 Para Educator\$35 Retired Teacher or Administrator ...\$40

Staff Development Day

- Pay for 15, Get 1 FREE! Please see Registration Information for eligibility requirements.

GRAND TOTAL
(REGISTRATION + EXTRAS) \$ _____

4. PROVIDE YOUR PAYMENT INFORMATION

Check Number / P.O. Number (Please make all checks payable to CABE)

MasterCard/Visa/AMEX No. _____ Exp. Date _____

Signature _____ Date _____