

Registration Form— October 29-30, 2010

THREE WAYS TO REGISTER!

1. Online —the fastest way! www.schoolcounselor-ca.org	2. FAX 951-525-3078 (Credit Card Payments and Purchase Orders ONLY)	3. Mail CASC Conference P.O. Box 1647 Duarte, CA 91009-4647
--	---	--

1) Name and Address:

Name for Badge: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Place of Employment: _____

Home Phone: _____

Work Phone: _____

E-mail address: _____
 (Required for receipt)

Special Needs? _____
 (Notification must be received by 10/15/10)

Work Level: High Middle Elementary District Level
 Adult Post Secondary Supervisor Retired
 Graduate Student Other: _____

If Graduate Student: _____

University: _____

Supervisor Name: _____

Supervisor Email: _____

2) Membership

Membership will not only save you money on registration costs, other membership benefits include:

- *The California School Counselor* news magazine
- Legislative Updates, Issue Briefs and advocacy efforts
- Email alerts (email address required above)
- Up-to-date information and resources on website

- I am a current CASC member
- I would like to become a CASC member
- I would like to renew my CASC membership
- I would **not** like to become a member of CASC

Annual Dues

\$85 Regular/Professional	\$50 Affiliate
\$85 Associate	\$50 Retired
\$250 Allied Business	\$45 Graduate Student

3) Event Registration

	Friday	Saturday	Friday & Saturday
<input type="checkbox"/> Member	\$109	\$109	\$179
<input type="checkbox"/> Non-member	\$189	\$189	\$269
<input type="checkbox"/> Presenter	\$99	\$99	\$159
<input type="checkbox"/> Graduate Student (member)	\$69	\$69	\$99
<input type="checkbox"/> Graduate Student (non-member)	\$99	\$99	\$159
Registration Fee	\$ _____		
One Year Membership Fee	\$ _____		
Membership Certificate (add \$12)	\$ _____		
Total Payment	\$ _____		

4) Payment

CASC accepts credit cards (Visa, MasterCard, Discover, American Express) and checks made payable to CASC.

Type of Card: Visa MasterCard Discover AmEx

Card Number: _____

Expiration Date: Month _____ Year _____

CVC Code: _____ (3-digit code on back of card)

Name as it appears on card: _____

Signature: _____

Refund Information
NO REFUNDS – Substitutions Allowed

5) Purchase Orders

*** A \$20 purchase order fee will be added to the total of each purchase order.**

Each registrant must complete a registration form.

P.O. #: _____ Total P.O. Amount: _____

District Name: _____

District Address: _____

City: _____ State: _____ ZIP: _____

District Contact Person: _____

Phone: _____ Fax: _____

P.O. Registration Deadline: October 29, 2010



Accommodation Information
The Hilton Garden Inn
 801 Via San Clemente, Montebello, CA 90640
 (323) 724-5900
www.hiltongardeninn.com
Must reserve by October 1 to receive a discounted overnight rate!

