

**EASY
REGISTRATION
PROCESS**

You only need to complete and return the registration form one time.

Follow the four easy steps below to register:

1. Review the Conference at a Glance.
2. Complete the registration form, include your workshop choices and any special requirements you may have.
3. Save a copy for your records.
4. Return completed form to CABE.

Form **MUST** be accompanied by check or purchase order to be processed.

Submit a separate form for each registrant.

Substitutions are accepted at any time. All substitutions and cancellations **MUST** be in writing.

This form must be received by October 23 to avoid a late fee.

Online:
www.cabe.org



Mail to:
CABE/CAPSS
Convention
Registrations
81 Wolcott Hill Rd.
Wethersfield, CT 06109



Fax to:
860-571-7452



Questions:
860-571-7446



2015 CABE/CAPSS Convention Registration Form

November 20-21, 2015 • Mystic Marriott Hotel, Groton

Name _____

Address _____

City _____ State _____ Zip _____

School District/Organization _____

Phone Number _____ Fax Number _____

Email _____ Cell Phone _____

Name for Badge _____ Guest Name for Badge _____

CHECK APPROPRIATE BOX(ES):

- Board Member
- Superintendent
- Assistant Superintendent
- Business Manager
- Presenter
- Other _____
- This is my first CABE/CAPSS Conference - I would like a mentor

REGISTRATION TYPE: CHECK Package, Friday or Saturday and CIRCLE corresponding fee.

	2015/2016 CABE Member Districts and CAPSS Members Only Pre-Registration Received on or before 8/31/15 Member	Registration Received on or before 10/23/15 Member/Non-Member		Late/On Site Reg. Received on or after 10/24/15 Member/Non-Member	
<input type="checkbox"/> Package Registration Meals are included in registration fee and are non-refundable.	\$375	\$420	\$650	\$470	\$700
<input type="checkbox"/> Friday Only Registration Meals are included in registration fee and are non-refundable.	\$295	\$310	\$540	\$360	\$590
<input type="checkbox"/> Saturday Only Registration Meals are included in registration fee and are non-refundable.	\$255	\$265	\$495	\$315	\$545

GUEST MEAL(S): Friday Luncheon - \$32 Friday Banquet - \$60 Saturday Luncheon - \$32

Registrant is responsible for guest fees. (Payment for guest **MUST** accompany registration form.)

TOTAL AMOUNT DUE \$ _____

In order to prevent wastage of food, please select all meal functions that you will be attending. (This will NOT change your registration fee.)

- Friday Luncheon Friday Banquet Saturday Luncheon

Do you have special dietary needs? If so, explain _____

Payment – If completed registration form is faxed or mailed, there are two easy ways to pay: Check or purchase order. Registration will **NOT** be processed without a P.O. or check.

Check payable to CABE enclosed. P.O. # _____

Credit cards can only be accepted online.

To register using a credit card, please go to www.cabe.org/page.cfm?p=408

WORKSHOP CHOICES: CIRCLE which workshops you plan to attend:

Friday	A1	A2	A3	A4	A5	A6	A7	A8
	B1	B2	B3	B4	B5			
	C1	C2						
	D1	D2	D3	D4	D5	D6		
Saturday	E1	E2	E3	E4	E5	E6		
	F1	F2						
	G1	G2	G3	G4	G5			

Substitutions are accepted in writing at any time. Between November 2 and November 5, a \$100 fee will be charged for each cancelled Conference registration because meals have been guaranteed. Beginning November 6 there is **NO REFUND** of the registration fee. No shows will be charged full fee.