Student Advisory Board On Legislation In Education (SABLE)

1212 Preservation Park Way, Oakland, California, 94612 • TEL 510.834.2272 • FAX 510.834.2275
email: cascmail@aol.com • url: www.casc.net

February 22 – 24, 2010, Sacramento Area

Participation Information

Role: ☐ Student ☐ Advisor Level: ☐ High ☐ Middle Grade: ____ Gender: ☐ Male ☐ Female

First Name: ______________________________ Last Name: ____

Address: ____ City: ____________________________________

State: ____ Zip: ______________ H.S. Grad Yr (4 digits) __________ Age____ Birth date ____/____/____

Home: ( ) ______________________________ Cell.: ( ) ______________________________

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Academic Information

School: ____ Type: ☐ Private ☐ Public

Address: ____

City: ____ State: ____ Zip: _________________

Tel.: ( ) ____________________________ ASB Advisor Cell.: ( ) ___________________________

ASB Advisor: Title: ________ (Ex.: Mr., Ms., etc.) Name ____

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Registration and Policy

	Postmark Deadline	Non-Member	Member School
Early Payment (fee before or on)	**January 8, 2010**	**$330**	**$310**
Regular Payment (fee before or on)	**February 5, 2010**	**$350**	**$330**
(fee on or after)	**February 6, 2010**	**$380**	**$360**

Payment Process: Please send this form with a check to: **SABLE Registration, 1212 Preservation Park Way, Oakland, CA, 94612**. **Cancellation:** All cancellations must be submitted in writing and postmarked by 12 November 2009 and there will be a **$75** cancellation-processing fee. **Scholarships:** There are some scholarships available, so please call CASC office for more information at (510) 834-2272.

Parent/Guardian Agreement

The above named student has my permission to attend the 2010 Student Advisory Board On Legislation In Education (SABLE). I hereby authorize the conference directors to obtain, at my expense, any emergency medical treatment that my son/daughter may require. Furthermore, I relieve the conference and CASC of all liabilities insofar as all standard procedures are followed in dealing with my son/daughter. Also, I give CASC permission to use photographs that may be taken of my son/daughter for publicity reasons.

Parent Signature: ____________________________________ Date ______/_______/_______

Student Policy

I agree to abide by the following: 1) Arrive by the designated time and remain at the conference site until the conclusion of the conference, unless an emergency arises, 2) Refrain from entering rooms which belong to anyone of the opposite sex, 3) Refrain from the use of non-medical drugs and alcohol, and 4) Remain in my assigned room following the conclusion of the day's activities. If I fail to comply with any of the aforementioned policies I will be asked to leave the conference and my parent/guardian will be responsible for my return transportation costs.

Delegate Signature: ____________________________________ Date ______/_______/_______