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California Association of Student Councils
STUDENT ADVISORY BOARD ON LEGISLATION IN EDUCATION
February 23-25, 2009, Sacramento, CA

2009 SABLE REGISTRATION FORM

Print or type all information legibly in black ink

Name: _____ Role: _____ Advisor _____ Student _____
Address: _____ City: _____
State: _____ Zip: _____ Birth Date: / / Age: _____ Gender: _____ Female _____ Male _____
Home Tel.: () _____ Student's Cell.: () _____
Parent's Cell.: () _____ Home Fax: () _____
E-mail Address (please print) _____
H.S. Grad Year: _____ High School _____ Middle/J.H. _____ Ethnicity (for statistical use): _____

SABE 2008 Counselor: _____ Topic: _____

School: _____ Add.: _____
City: _____ State: _____ Zip: _____ County: _____
School Tel.: () _____ School Fax: () _____
School Advisor: _____ School Website: _____
Name of Local Newspaper: _____ Address: _____

REGISTRATION AND DEADLINES: Fee includes (for three days) meals, and lodging. There are a limited number of scholarships available, so please contact our office upon receipt of this form to inquire about availability. All forms received after the postmark date 2/13/09 are subject to a \$30.00 late fee. All cancellations are subject to a \$75.00 fee and must be submitted in writing (and postmarked) no later than February 15, 2009. Please make your check payable to CASC, and mail it to:

CASC/SABLE REGISTRATION, 1212 Preservation Park Way, Oakland, CA 94612.

CONTACT INFO.: Tel.: 510.834.2272 Fax: 510.834.2275 e-mail: casc@casc.net Website: www.casc.net

Location: Best Western Sutter House, Sacramento, CA

Table with 3 columns: Registration Type, Postmark Deadline, Fee. Rows: Early Registration, Regular Registration.

PARENT/GUARDIAN PERMISSION AGREEMENT: The above named student has my permission to attend the 2009 Student Advisory Board on Legislation in Education (SABLE). I hereby authorize the conference directors to act on my behalf to provide emergency medical treatment. I further relieve the conference of all liabilities insofar as standard procedures are followed in dealing with my son/daughter. I am aware of the policy that participants are expected to arrive on time and remain until noon of the final conference day. Also, I give CASC permission to use photographs that may be taken of my son/daughter for publicity reasons.

Special health problems/medical needs _____

Parent's Signature _____ Date _____

STUDENT CONFERENCE POLICY AGREEMENT. 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.

Student's Signature _____ Date _____