



**California Association of Student Councils
STUDENT ADVISORY BOARD ON LEGISLATION IN EDUCATION
February 25-27, 2008, Sacramento, CA**

Change the future >

2008 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 2007 Counselor: _____ Topic: _____
 SABE 2007 Committee: State Legislative

School: _____ Add.: _____
 City: _____ State: _____ Zip: _____ County: _____
 School Tel.: () _____ School Fax: () _____
 School Advisor: _____ School Website: _____

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 are subject to a \$30.00 late fee. All cancellations are subject to a \$50.00 fee and must be submitted in writing (and postmarked) no later than February 15, 2008. 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

	Postmark Deadline	Fee
Early Registration	December 14, 2007	\$ 290.00
Regular Registration	January 18, 2008	\$ 310.00

PARENT/GUARDIAN PERMISSION AGREEMENT: The above named student has my permission to attend the 2008 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.