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 27 - 29, 2012, 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 27, 2012**	**$350**	**$330**
Regular Payment (Fee before or on)	**February 9, 2012**	**$370**	**$350**
(Fee after)	**February 9, 2012**	**$400**	**$380**

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 **11 February 2012** and there will be a **$75** cancellation-processing fee.

Scholarships: There are a limited number of scholarships available, so please contact the CASC office for a scholarship application.

Parent/Guardian Agreement

The above named student has my permission to attend the 2012 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/Guardian 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. **Special Dietary Needs**: _____

_____

Delegate Signature: _____ Date _____/_____/_____