

CALIFORNIA LEAGUE OF SCHOOLS

SAFE & CIVIL SCHOOLS STATE CONFERENCE

OCTOBER 20-22, 2017, SAN DIEGO, CA

REGISTRATION INSTRUCTIONS

For faster processing, register online (with a check, purchase order or credit card) at www.LeagueofSchools.org. Mailed and faxed registrations will take longer to process.

- PURCHASE ORDERS AND CHECKS RECEIVED BY FAX OR MAIL MUST INCLUDE A COPY OF THE CONFIRMATION PAGE (from the online registration process) OR A COMPLETED REGISTRATION FORM (below). Purchase orders may be faxed to 562-430-5607.
- REGISTRATION FORMS MUST BE ACCOMPANIED BY A CHECK OR PURCHASE ORDER.
- CREDIT CARD PAYMENTS MUST BE DONE ONLINE AT WWW.LEAGUEOFSCHOOLS.ORG.

It is the registrant's responsibility to make sure that the registration is done properly and ALL required information and payments are received by CLS. Please contact us if you have any concerns about your registration. THANK YOU!

QUESTIONS? Contact us at info@leagueofschools.org or 800-326-1880 ext. 1.

CANCELLATIONS: Through 8/20/17 - \$60 fee; 8/21/17 through 9/20/17 - 50% fee; After 9/20/17 - no refund. A colleague may substitute.

YOU MAY USE ONE FORM FOR MULTIPLE REGISTRATIONS FROM THE SAME SCHOOL

(If registration information is the same, including Friday and Saturday sessions, use one form for the first person and attach a sheet with additional names and email addresses; if Friday and Saturday sessions are different for each attendee, attach a sheet with their name, email and session choices.)

ALL INFORMATION IS REQUIRED (INCOMPLETE FORMS WILL DELAY PROCESSING): Please print clearly.

Name: _____

Email: _____

Email is required (confirmations are sent from registry@clms.net; please add to your safe sender list)

School: _____

School Address: _____

School City, State, Zip: _____

School Phone: _____

Other/Cell Phone: _____ Ext. _____

(Only used if we need to contact you regarding your registration. If we are unable to reach you, your registration may be delayed.)

Person Completing this Form: (if different from above, e.g. school secretary, district office personnel)

Name: _____ Phone: _____

CC Email Address: _____

(to receive an additional confirmation for this registration, e.g. to school secretary, personal email address)

REGISTRATION RATE: \$695 per person

Price Includes: 2 and 1/2 days of professional development training; Breakfast Saturday and Sunday; Lunch Friday and Saturday; Hosted cocktail reception on Friday evening.

Cancellation Policy: Cancellation requests must be in writing and faxed to (562) 430-5607. Please call as soon as you fax your request to verify receipt at (562) 430-3136. ALL registrations submitted are subject to the cancellation policy. There is no refund for no-shows. A colleague may substitute for you to avoid cancellation penalties.

Through 8/20/17 - \$60 fee; 8/21/17 through 9/20/17 - 50% fee; After 9/20/17 - no refund.

Select Friday Session:

- Randy Sprick
- Tricia Skyles
- Jessica Sprick
- Susan Isaacs
- Tricia Berg

Select Saturday Session:

- Jessica Sprick
- Randy Sprick
- Tricia Skyles
- Tricia Berg
- Susan Isaacs

Please download the conference brochure for detailed information.

www.LeagueofSchools.org

Payment

Registration Fees \$ _____

of Attendees # _____

Total Enclosed \$ _____

You may make checks payable to any of the following: California League of Schools, California League of Middle Schools, California League of High Schools, CLMS or CLHS.

Mail to: 6621 E. Pacific Coast Hwy., Ste. 210, Long Beach, CA 90803 or fax to (562) 430-5607 Questions (800) 326-1880, ext. 1