

# Registration

**Directions and Deadlines:** Complete the following registration form and mail with your check, credit card information or purchase order to **CAG Conference, 9278 Madison Avenue, Orangevale, CA 95662**. Registration form and payment must be postmarked by 12/18/2009 to qualify for early bird discount and by 2/12/2010 to qualify for regular pre-registration. Registrations and payments mailed separately or postmarked after 2/13/2010 will be charged at the on-site rate. On-site registrations carry a \$25 surcharge and are only available as space permits. Meals may not be available for on-site registrants.

**Non-member Surcharge:** If you're not a current CAG member, you will pay a \$100 surcharge for the conference registration. You may apply \$75 of that surcharge toward a CAG membership by filling out the membership application below. Members receive CAG's quarterly journal, Gifted Education Communicator, and newsletter, Intercom, plus brochures announcing teacher, administrator, and parent educational opportunities, as well as timely and pertinent legislation information.

**Complete this form or register online at [www.CAGifted.org](http://www.CAGifted.org)**

## Registration Form (Use one form per adult)

Name for badge (print clearly) \_\_\_\_\_ CAG Membership Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 School District \_\_\_\_\_ County (not country) \_\_\_\_\_  
 E-mail (mandatory for all communication)\* \_\_\_\_\_

Attending primarily (check one only) as a:  Teacher  Parent  Administrator  Counselor  Consultant

<b>Three-day Conference</b> (Friday, March 5, 4:00 PM to Sunday, March 7, 2:30 PM)			Enter cost
Early Bird Registration	Regular Registration	On-Site Registration	
Postmarked by 12/18/2009	Postmarked 12/19/2009 to 2/12/2010	(Meals not guaranteed)	
<input type="checkbox"/> Member \$295	<input type="checkbox"/> Member \$320	<input type="checkbox"/> Member \$345	
<input type="checkbox"/> Non-Member \$395	<input type="checkbox"/> Non-Member \$420	<input type="checkbox"/> Non-Member \$445	\$ _____

Paying the non-member amount? Fill out the membership application for full benefits.

### FRIDAY DAYTIME EVENTS ARE OPTIONAL. Please select either a Classroom Observation or the Pre-Conference

#### Pre-Conference (Friday, March 5)

##### "First View of New Ideas in Gifted Education: Responding to Academic Diversity"

Full-conference registrants **\$150** \$ \_\_\_\_\_  
 Pre-conference only **\$200** \$ \_\_\_\_\_

(\$15 surcharge for on-site registration; lunch may not be available)

#### Classroom Observations (Friday, March 5) Rank your choices 1st-4th.

Visit A  Visit B  Visit C  Visit D **\$35** \$ \_\_\_\_\_

#### Parents' Day at the Conference - Sunday, March 7 only (included if registered for full conference)

CAG Member **\$95** \$ \_\_\_\_\_  
 CAG Non-Member **\$125** \$ \_\_\_\_\_  
 (\$15 surcharge for on-site registration; brunch may not be available)

**Membership Dues** (Be sure to complete the Membership Application to the right) \$ \_\_\_\_\_

**California Foundation for Gifted Education** was formed in July of 2006 to make a positive difference in the lives of gifted children and youth by generating funds to support research and development, scholarships, and gifted education projects. Please consider making a tax-deductible donation.

**I would like to make a tax-deductible donation to the California Foundation for Gifted Education** \$ \_\_\_\_\_

**TOTAL OF THE ABOVE** \$ \_\_\_\_\_

\*EMAIL ADDRESS IS MANDATORY AS ALL COMMUNICATION WILL BE VIA EMAIL!

**Cancellation Policy:** If it is necessary to cancel, you must notify the CAG Office in writing (not by email or phone) by February 5, 2010. If CAG receives this notification by the deadline, a refund will be given less a \$125 cancellation fee. No refunds will be given for cancellations or "no-shows" after 2/5/2010, but registrations are transferrable if notification of name transfer is called in to the CAG Office at 916-988-3999 by 2/22/2010.

**I agree to the cancellation policy as stated above.**  
**(Registration will not be processed if this box is not checked.)**

## Payment Information

Personal payment	Amount	District/School payment	Amount
Personal check # _____	\$ _____	District check # _____	\$ _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	\$ _____	District P.O. # _____	\$ _____
Card number _____		Amount to be paid by district/school	\$ _____
Exp. date _____ Sec. Code _____		Amount to be paid by individual	\$ _____
Home phone number (____) _____		<b>Total Payment</b>	\$ _____
I authorize CAG to charge \$ _____ to my credit card			
<b>Amount of personal payment</b>	\$ _____		
Signature: _____			

**Registrations are processed as they come in, so some offerings may be filled before your registration is processed. Payments made by charge card or purchase order will be adjusted to reflect the correct amount of your bill. Hardcopies of P.O.s are acceptable and must accompany registration forms. No requisitions accepted without a P.O. number.**

## Membership Application

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Preferred phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 School District \_\_\_\_\_ County (not country) \_\_\_\_\_  
 E-mail (mandatory) \_\_\_\_\_

### Membership/Service Category (for mailing addresses outside the US, add \$15)

Individual \$75  Institution \$100  Family \$85  Credentialed Student \$50  
 Gifted Education Communicator (subscription only) \$45

### Role

Parent  Teacher  Administrator/Coordinator  Counselor/Guidance  
 Consultant  Board of Education