

ACSA REGION 12 / XIX LEADERSHIP CONFERENCE REGISTRATION FORM

Palm Springs Hilton Resort, 400 E. Tahquitz Canyon Way, Palm Springs
Saturday and Sunday – May 31-June 1, 2014

Invitees include:

*Elected Region Officers, Charter Presidents, Charter Board Delegates,
Charter Vice Presidents for Legislative Action, Charter Vice Presidents for Membership,
Charter Treasurers, Region and State Committee/Council Representatives,
Region Past Presidents, Region Staff*

Name _____
Spouse/Guest Name (if applicable) _____
Region/Charter Office _____
District/School Site _____
Work Address _____
City, State, Zip Code _____
Work Phone _____ Fax _____
E-Mail Address _____

ROOM RESERVATIONS

☐ I will arrive on Friday and will stay two (2) nights.

I understand that I am responsible for all hotel charges for Friday night, May 30, 2014. (Rate: \$129)

☐ I will arrive on Saturday for one (1) night only.

☐ I do not need lodging; I will commute each day.

	COST	PAYMENT
<input type="checkbox"/> Reservation for Friday night	\$129 Friday night	\$
<input type="checkbox"/> Occupying room alone (or with spouse/guest) (Saturday night)	\$65 Saturday night	\$
<input type="checkbox"/> Share double room with conference attendee (Saturday night) Sharing with _____	No charge – Saturday night	

MEAL RESERVATIONS

		COST	PAYMENT
<i>(No charge for conference attendees)</i>			
Saturday Lunch	<input type="checkbox"/> yes <input type="checkbox"/> no	\$26 for spouse/guest	\$
Sunday Breakfast	<input type="checkbox"/> yes <input type="checkbox"/> no	\$20 for spouse/guest	\$
<input type="checkbox"/> Check enclosed for spouse/guest. (Payable to ACSA Region XIX.)			\$

PLEASE RETURN COMPLETED REGISTRATION FORM AND PAYMENT BY MAY 6, 2014 TO:

Checks Payable to ACSA Region XIX; send to Tracey Case, President's Assistant
c/o RCOE, P.O. Box 868, Riverside, CA 92502-0868

Tel: (951) 826-6592; FAX (951) 826-6951, email: tcase@rcoe.us