

CALIFORNIA LEAGUE OF SCHOOLS (CLMS/CLHS/CLES) K-12 TECHNOLOGY AND RESPONSE TO INTERVENTION CONFERENCE

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: Visit www.LeagueofSchools.org for our policy.

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

(if registration information is the same, use one form for the first person and attach a sheet with additional names and email addresses)

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, i.e. school secretary, district office personnel)

Name: _____ Phone: _____

CC Email Address: _____

(to receive an additional confirmation for this registration, i.e. to school secretary, Gmail address)

OPTIONAL TICKETED SESSIONS

Friday, January 13

10:00 am – 12:00 pm
Will Richardson - \$65

2:30 pm – 5:00 pm
iPad - \$675

Saturday, January 14

10:00 am - 12:00 pm
Douglas Fisher - \$65

2:30 pm – 5:00 pm
iPad - \$675

Session times are subject to slight changes.

Conference Fees: _____

Ticketed Fees: _____

Total: _____

REGISTRATION RATE: \$209 MEMBERS / \$269 NON-MEMBERS

Make checks payable and mail to **California League of Schools**, 6621 E. Pacific Coast Hwy., Ste. 210, Long Beach, CA 90803 or fax to (562) 430-5607 - Questions (800) 326-1880, ext. 1