



Registration Form

California Educational Data Processing Association

36th Annual Conference

Conference Location: Palm Springs Marquis Crowne Plaza Resort & Suites, Palm Springs, California

Conference Dates: Wednesday, October 16, 1996 to Friday, October 18, 1996.
Registration 8:00 a.m.
Opening Session 9:00 a.m.

Conference Fee: \$ 225.00 Preregistration - Received prior to October 1, 1996.
\$ 250.00 On-site Registration
\$ 90.00 Spouse and Retired CEDPA Member Registration

Hotel Reservations: Complete the Palm Springs Marquis Hotel reservation form included in this conference announcement. Mail this form **directly to the Marquis Hotel by September 15, 1996** to have a confirmed room.

Airline Connections: Palm Springs is served by several airlines and is about a one hour drive from the Ontario International Airport.

Registration Process: Complete this form and send it with your check or purchase order to:
CEDPA Conference Registration
c/o Jane Kauble
Los Angeles County Office of Education
9300 East Imperial Highway
Downey, CA 90242-2890

Registration forms and purchase orders may be FAXed to Jane at
(310) 922-6145.

Make checks payable to **CEDPA**. Purchase Orders should be made out to
CEDPA, P.O. Box 6552, Huntington Beach, CA 92615-6552.

Refund Policy: No refunds will be issued after October 7, 1996.

Further Information: Contact Jane Kauble at (310) 922-6141 or e-mail to kauble_jane@lacoed.edu

Name: _____

Title: _____

Organization: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone # () _____ **FAX #** () _____

Internet Address: _____



Registration Form

California Educational Data Processing Association

Preconference Sessions

Session Location: Palm Springs Marquis Hotel, Palm Springs, California
Session Date: Tuesday, October 15, 1996.
Session Fee: \$ 55.00 each session or both sessions for \$100
Registration Process: Complete this form and send it with your check or purchase order to:

CEDPA Conference Registration
c/o Jane Kauble
Los Angeles County Office of Education
9300 East Imperial Highway
Downey, CA 90242-2890

Registration forms and purchase orders may be FAXed to Jane at (310) 922-6145.

Make checks payable to **CEDPA**. Purchase Orders should be made out to **CEDPA, P.O. Box 6552, Huntington Beach, CA 92615-6552**. Preconference session registration fee of \$55 for one session or \$100 for both sessions may be included on the same check or purchase order for full conference registration.

Special Instructions:

This registration form is for the Preconference Sessions only.
Registration for the Preconference sessions does not automatically register you for the full conference. To register for the full conference, you must also complete the separate conference registration form and include the full conference registration fee in addition to the appropriate preconference fee.

Refund Policy: No refunds will be issued after October 7, 1996.
Further Information: Contact Jane Kauble at (310) 922-6141 or e-mail to kauble_jane@lacoed.edu

Preconference Session Registration Form

Name: _____

Title: _____

Organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone # () _____ FAX # () _____

Internet Address: _____

Session 1-CGI - \$55 Session 2-Wiring - \$55 Both Sessions - \$100

GROUP: California Educational Data Processing Association

DATES: 10/14/96 - 10/19/96

Rates: Hotel \$ 96.00 Villa \$121.00 (Please circle preferred choice in room)



Rates are based on single/double occupancy. 3rd and 4th parties will be an additional \$15.00 per person per room per night. Children 12 and under are free when sharing room with parents. Room category is subject to availability. Room tax is currently 10.8%, subject to change.

All reservations must be received by **September 15, 1996**.

All reservation requests must be accompanied by **1** nights' deposit by check or credit card number in order for the reservation to be processed and confirmed. Deposits are refundable if hotel is directly advised **3 days** in advance of scheduled arrival.

Will anyone in your room require auxiliary assistance during your stay? **Yes No** If YES, a reservations agent will contact you.

Arrival Date: _____ Check-in 4:00 P.M.

Departure Date: _____ Check-out 12:00 Noon

Sleeping Accommodations Requested - 1 KING BED _____ 2 DOUBLE BEDS _____

Prefer non-smoking room: Yes _____ No _____

Credit Card & Number _____ Exp. Date: _____

Signature: _____

PRINTED NAME: _____

Company: _____

Sharing Room With: _____

Address: _____

City, State, Zip: _____

Phone: (Res.) _____ (Bus.) _____



PALM SPRINGS MARQUIS

CROWNE PLAZA RESORT & SUITES

150 SOUTH INDIAN CANYON, PALM SPRINGS, CA 92262

800-223-1500 / 619-322-2121 / Fax 619-322-2380

(DETACH BEFORE MAILING)

**HOTEL REGISTRATION FORM
INSTRUCTIONS**

1. Reservations must be received by **September 15, 1996**.
2. A deposit for the first night **or** a credit card number must accompany your reservation.
3. Send hotel reservation directly to:

Palm Springs Marquis
Crowne Plaza Resort & Suites
150 South Indian Canyon
Palm Springs, CA 92262

Do **not** send the hotel reservation form to CEDPA.



First Annual CEDPA Golf Tournament

- When:** **October 18, 1996, 2:00 P.M.** (after the CEDPA Conference concludes)
- Where:** *TahQuitz Creek: Resort Course, Palm Springs, CA*
- Cost:** \$55, includes Golf, Cart, drink tickets, awards
- Who:** All CEDPA members as well as vendors are encouraged to play
- Why:** Don't ask why - ask Why not! Play golf and enjoy Palm Springs one more day!

The tournament will be a *Best Ball* Tournament. Rules will be handed out prior to the start of the event. If you do not have a foursome - that is all right. We will hook you up with a team.

Please return the registration slip below along with a check by **August 23rd** made out to CEDPA for \$55 to:

Greg Lindner
 CEDPA Golf Tournament
 1240 Harter Avenue
 Woodland, CA 95776



First Annual CEDPA Golf Tournament

Name, Organization, daytime phone number, handicap (please don't say golf!):

- 1: _____ \$55
- 2: _____ \$55
- 3: _____ \$55
- 4: _____ \$55

Total: _____

If you are interested in sponsoring prizes or holes, please contact Greg Lindner directly at 916 668-3738 or at glindner@yolo.k12.ca.us.