



# Registration Form

## California Educational Data Processing Association

### 37th Annual Conference

- Conference Location:** Radisson Hotel Sacramento, Sacramento, California
- Conference Dates:** Wednesday, October 29, 1997 to Friday, October 31, 1997.  
Registration 8:00 a.m.  
Opening Session 9:00 a.m.
- Conference Fee:** \$ 225.00 Preregistration - Received prior to October 10, 1997.  
\$ 250.00 On-site Registration  
\$ 90.00 Spouse and Retired CEDPA Member Registration
- Hotel Reservations:** Complete the Radisson Hotel Sacramento reservation form included in this conference announcement. Mail this form **directly to the Radisson Hotel Sacramento by October 6, 1997** to have a confirmed room at group rates.
- Airline Connections:** Sacramento is served by several airlines including Southwest, America West and United.
- 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 Imperial Highway  
Downey, CA 90242-2890
- Registration forms and purchase orders may be FAXed to Jane at  
**(562) 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 22, 1997.
- Further Information:** Contact Jane Kauble at (562) 922-6141 or e-mail to [kauble\\_jane@lacoed.edu](mailto:kauble_jane@lacoed.edu)

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone #** ( ) \_\_\_\_\_ **FAX #** ( ) \_\_\_\_\_

**Internet e-mail Address:** \_\_\_\_\_



# Registration Form

## California Educational Data Processing Association

### Preconference Sessions

**Session Location:** Radisson Hotel Sacramento, Sacramento, California  
**Session Date:** Tuesday, October 28, 1997.  
**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 Imperial Highway  
Downey, CA 90242-2890

Registration forms and purchase orders may be FAXed to Jane at (562) 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 22, 1997.  
**Further Information:** Contact Jane Kauble at (562) 922-6141 or e-mail to [kauble\\_jane@lacoed.edu](mailto:kauble_jane@lacoed.edu)

### Preconference Session Registration Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_

Internet Address: \_\_\_\_\_

Session 1-Cisco Brings Switching To The Desktop - \$55

Both Sessions - \$100

Session 2-How To Use A Switch In Your Network - \$55

**GROUP ROOM RESERVATION FORM**

**CODE: CEDPA97**



ARRIVE: \_\_\_\_\_ DEPART: \_\_\_\_\_

GROUP NAME: **CALIFORNIA EDUCATIONAL DATA PROCESSING ASSOCIATION**

GROUP DATE: **OCTOBER 27-31, 1997**

SPECIAL GROUP RATES: **\$80 SINGLE/DOUBLE, \$90 TRIPLE, \$100 QUAD**

**LAST DATE TO MAKE RESERVATIONS AT GROUP RATE: OCTOBER 6, 1997**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOMMODATIONS REQUESTED: \_\_\_\_\_ ONE KING BED/ \_\_\_\_\_ TWO DOUBLE BEDS \_\_\_\_\_ # OF GUESTS

CHECK-IN TIME 4:00 P.M. / CHECKOUT-TIME 12 NOON

**RESERVATIONS MUST BE GUARANTEED WITH ONE NIGHT'S DEPOSIT BY CHECK OR CREDIT CARD**

CASH CUSTOMERS SHOULD BE PREPARED TO PAY A SECURITY DEPOSIT IN ADDITION TO ROOM & TAX

DEPOSIT BY: \_\_\_\_\_ CHECK/ \_\_\_\_\_ CHARGE TO CARD – AMOUNT \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRES: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME(S) OF PERSON(S) SHARING ROOM: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

Rates subject to applicable taxes. For refund, cancellations must be received by 6:00 P.M. Day of Arrival.



**Radisson Hotel Sacramento**

500 Leisure Lane, Sacramento, CA 95815

800-333-3333 / 916-922-2020 / Fax 916-649-9463

(DETACH BEFORE MAILING)

**INSTRUCTIONS**

1. Reservations must be received by **October 6, 1997**.
2. A deposit for the first night **or** a credit card number must accompany your reservation.
3. Send hotel reservation directly to:

Radisson Hotel Sacramento  
 500 Leisure Lane  
 Sacramento, California 95815  
 Attention: Reservations Manager

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



## Second Annual CEDPA Golf Tournament



- WHEN:** **October 31, 1997, 1:30 P.M.** (after the CEDPA Conference concludes).  
**WHERE:** Haggin Oaks Golf Course, Sacramento (15-minute drive from hotel).  
**COST:** \$35 - includes golf fees, cart rental, drink tickets and prizes.  
**THE FIRST 30 FULL-CONFERENCE ATTENDEES TO SIGN UP WILL HAVE THEIR TOURNAMENT FEES REFUNDED.**
- WHO:** All CEDPA members and vendors are encouraged to participate.  
**WHY:** Play golf, socialize with conference attendees, vendors and CEDPA board members, and enjoy Sacramento one more day.

The tournament will be a 9-hole scramble tournament due to the limitations imposed by Daylight Savings Time. Tournament rules will be handed out prior to the start of the event. If you do not have a foursome, CEDPA will try to hook you up with a team.

Please return the registration form below along with your check for \$35 made payable to CEDPA. Please return the form by **September 30, 1997** to ensure your entry.



## Second Annual CEDPA Golf Tournament Registration Form

Name, Organization, daytime telephone number, and estimated Golf Handicap:

Player 1: \_\_\_\_\_ \$ 35  
 Player 2: \_\_\_\_\_ \$ 35  
 Player 3: \_\_\_\_\_ \$ 35  
 Player 4: \_\_\_\_\_ \$ 35

Total: \_\_\_\_\_

If you are interested in sponsoring prizes, please contact Greg Lindner directly at (916) 668-3738 or by e-mail at [glindner@yolo.k12.ca.us](mailto:glindner@yolo.k12.ca.us).