

California Reading Association • 2010 Professional Development Institute – Riverside, CA
“Weave a Tapestry of Literacy” • October 15 – 16, 2010
2010 REGISTRATION FORM

**EARLYBIRD
REGISTRATION!**
 Register before
 Sept. 15th and
 your name will be
 entered into a
 prize drawing.

PLEASE TYPE OR PRINT CLEARLY

First Name _____ Last Name _____

Home Address _____ City _____

State _____ Zip _____ Code _____ Home Phone () _____

Work Phone () _____ Email Address _____

For Institute Name Badge: School District/Affiliation _____

Please CIRCLE your selections below and write the total in the appropriate spaces.

I want to join CRA (and register as a member).....\$40 \$ _____

FULL INSTITUTE PASS – includes, Exhibits, Plenary Session, StoryVoices & PDI Sessions. Tickets for the CYRM Luncheon, President’s Dinner & Laps for Literacy may be purchased at an additional cost. See “Additional Tickets”

Member.....\$ 150 Non-Member..... \$ 190 Group(10 or more)..\$ 125 \$ _____
 Group/Dist. Team (5 or more). \$ 135 Student / Pre-Service Teacher..... \$ 25

ONE DAY ONLY PASS - Fees are good for ONE DAY ONLY – One Day Pass includes Exhibits and Sessions ONLY for the day you will be attending. You may not purchase 2 - one day passes.

CIRCLE THE DAY YOU WILL BE ATTENDING	<input type="checkbox"/> Friday	Member	Non-Member	Group	Student	\$ _____
	<input type="checkbox"/> Saturday Only	\$ 80	\$ 120	\$ 50	\$ 25	

SESSIONS – ATTENDANCE BY TICKET ONLY. To guarantee entrance, please list your 1st – 3rd choice for each time slot. Refer to Speaker Schedule.

FRIDAY	1 st _____	FRIDAY	1 st _____	FRIDAY	1 st _____
8:00 – 9:30	2 nd _____	1:30 – 3:00	2 nd _____	3:15 – 4:45	2 nd _____
F-1 thru F-6	3 rd _____	F-7 thru F-13	3 rd _____	F-14 thru F-20	3 rd _____
SATURDAY	1 st _____	SATURDAY	1 st _____	SATURDAY	1 st _____
8:15 - 9:45	2 nd _____	10:00 – 11:30	2 nd _____	1:15 - 2:45	2 nd _____
S-21 thru S-26	3 rd _____	S-27 thru S-33	3 rd _____	S-34 thru S-39	3 rd _____

ADDITIONAL TICKETS – CIRCLE each additional event you wish to attend & add the appropriate amount to the price of the Institute Registration Fee you selected above.

- “Story Voices”** Ticket is good for admission to StoryVoices ONLY.
 Friday, 10/15/10, 5 pm – 6:30 pm @ **10** each x _____ ticket(s) = \$ _____
- California Young Reader Medal Lunch**
 Saturday, 10/16/10, 1:15 pm – 2:45 pm @ **\$28** each x _____ ticket(s) = \$ _____
- Laps for Literacy** – Saturday, 10/16/10, 6 am @ **\$25** each x _____ ticket(s) = \$ _____
- President’s Dinner**
 Friday, 10/15/10, 7 pm - 9 pm @ **\$43** each x _____ ticket(s) = \$ _____

Total Amount Due \$ _____

(ADD total from Institute Pass and all additional tickets)

PAYMENT INFORMATION

- FAX registration form with credit card information to **714 - 435-0269**
- PayPal, On-Line Registration @ www.californiareads.org – click 2010 Institute Registration On-Line
- MAIL registration form with payment, payable to
California Reading Association
3186 D-1 Airway • Costa Mesa, CA 92626
 Phone: 714-435-1983 • Fax: 714-435-0269 • www.californiareads.org

___ **Check Enclosed** (payment in full required) Ck. # _____
 ___ **Purchase Order Enclosed.** PO # _____
 You must attach the purchase order to your registration form.
No requisitions will be accepted.
 ___ **Credit Card** Please bill my credit card. We accept VISA,
 MasterCard, Discover, American Express
 Credit Card # _____ Exp.Date _____
 Name on Card: _____

CANCELLATIONS & CONFIRMATIONS:

Cancellation: All cancellations must be received in writing by September 4, 2010. Cancellations received after September 4, 2010 are non-refundable. NO EXCEPTIONS!

Confirmation: All institute registrants will receive a confirmation postcard via mail after September 4, 2010. Bring this card to the institute. All registration materials, including your name badge, may be picked up on-site.

Registration DEADLINE: All registration forms must be received in the CRA office by October 8, 2010 in order to be processed before the institute begins. After this date, only on-site registrations will be accepted. If registering on-site, please bring this form with you. If paying with a Purchase Order, bring a copy of the PO with you.

For Office Use Only:

Amount Rec. \$ _____ Date Rec. ____/____/____
 Payment Type: _____
 Per. Ck. # _____ CC. Ref.# _____
 Dist. Ck. # _____ PO # _____
 District: _____