



**PRESENTS**



**UNITING &  
EMPOWERING  
SPECIAL  
EDUCATORS**

**RIVERSIDE  
2012**

**CONVENTION 2012**

**February 24 & 25**

**Riverside Convention Center**

**Riverside, CA**

**MISSION  
INN  
SPECIAL!**

- **\$255 CONVENTION (MEMBERS ONLY)**
- **10% OFF YOUR ENTIRE STAY AT THE MISSION INN**
- **FREE TOUR OF THE MISSION INN THURSDAY AFTERNOON 2/23**



Special not available online. Expires 2/14/12. Mail or Fax your registration form to:  
4010 Foothills Blvd #103-149  
Roseville, CA 95747  
Phone: 855.CARS.810  
Fax: 916-252-2041

# 2012 Convention Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ CARS+ Member:  Yes  No  
Position: \_\_\_\_\_ School/Agency/Organization: \_\_\_\_\_  
District: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Region #: \_\_\_\_\_

*Please note: a valid email address is required*

**Mission Inn Special**  
(Members Only)  
**Convention & Hotel Package Special**  
requires minimum one night stay at  
**The Mission Inn Hotel & Spa**  
Expires 2/14/12

**Convention Registration - \$255**

### The Mission Inn Hotel & Spa:

 • \$125/night Single, Double Occupancy  
(Each additional guest is \$15 per night)

- One block from the Convention Center
- Complimentary roundtrip shuttle services to/from Ontario International Airport\* (951) 341-6736

\*You MUST call 24 hours in advance to arrange for transportation. They will need your name, flight number and arrival time. You must identify yourself as being with CARS+.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Number of nights: \_\_\_\_\_ Single or Double? \_\_\_\_\_

(Single is one bed for 1-2 people/Double is two beds for 2-4 people. Bed types are "request only" and are not guaranteed.)

### Workshops

Please indicate your selection for each session, using the Session Number assigned. Sessions fill quickly so reserve a seat now.

Friday Sessions I: \_\_\_\_\_ II: \_\_\_\_\_ III: \_\_\_\_\_ IV: \_\_\_\_\_

Saturday Sessions V: \_\_\_\_\_ VI: \_\_\_\_\_ VII: \_\_\_\_\_

### Meals/Special Requests:

Vegetarian/vegan meal requested

Food allergy: \_\_\_\_\_

I require special accommodations to participate fully.

Please contact me via  phone  Email

### Payment Method

VISA  MasterCard  American Express  PO \_\_\_\_\_

Credit Card Number: \_\_\_\_\_  
(Credit card number is required even if paying with Purchase Order)

CCV \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: (if different) \_\_\_\_\_

I authorize CARS+ to charge my card \$255 for Convention.  
I understand my credit card will be used to reserve my room,  
payable upon check-out.

Signed: \_\_\_\_\_

Mail or fax your Registration Form to:

CARS+ -- The Organization for Special Educators  
4010 Foothills Blvd #103-149  
Roseville, CA 95747  
Phone: 855.CARS.810  
Fax: 916-252-2041

Registrations that are either incomplete or submitted without payment will not be processed.