



CARS+ 2016 CONVENTION REGISTRATION FORM

FEBRUARY 26-27, 2016

Registrants are encouraged to register online at the CARS+ Website (www.carsplus.org). If you register only and pay by check, your registration is considered pending until payment is received and processed. If payment is received after a rate period has expired, you will be billed for the difference between the amount received and the current amount due. Fax and phone registrations are not accepted unless accompanied by payment.

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 in order to receive a receipt for payment of registration fees.

WORKSHOPS:

Please indicate your selection for each session, using the Session Number. Session selections help determine classroom size and do not reserve seats.

Friday Session: I _____ II _____ III _____ IV _____

Saturday Sessions: V _____ VI _____ VII _____

Meals/Special Requests:

Vegetarian/Vegan meal requested

Food allergy/dietary restrictions:

I require special accommodations to participate fully.

Please contact me via: Phone Email

**Please make hotel reservations directly with
The Mission Inn or Hyatt Place.**

**Mission Inn: 888-748-7733, use group identification "CARS+"
Hyatt Place: 1-888-Hyatt-Hp, Mention Group Code: G-CARS**

Register online at www.carsplus.org, if you are paying by credit card. Register by fax or mail if you are paying by purchase order. Online registration is currently open. If mailing your registration form and payment, please note that confirmation of registration may be delayed due to the volume of registrations received.

Please mail to the following address:

**CARS+ -- The Organization for Special Educators
4010 Foothills Blvd #103-237
Roseville, CA 95747
Phone: 855.CARS.810 • Fax: 916-580-2799**

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

I would like to become a member/renew my membership

Active, 1-year \$75 / 2 year \$120..... \$ _____

Associate, 1-year \$60.....\$ _____

REGISTRATION FEES

Full Convention:

Payment Received by: **Price Extended to 1/26/16** After 1/26/16

CARS+ Members: \$325* \$375* \$ _____

Non-Members: \$425 \$475* \$ _____

**Payment must be received by deadline to receive current rates.*

Intern Pre-Service and Membership \$255 \$ _____

(Not currently or previously employed in Special Education)

Single Day

Friday Only \$199 \$ _____

Saturday Only \$149..... \$ _____

Group Discount

A group of 5 or more from the same organization would receive a 10% discount. If paying by credit card, a 4% processing fee will be charged. Registrations would need to be made by fax or mail.

\$ _____

TOTAL FEES DUE: \$ _____

Payment Method:

Check / money order, payable to CARS+

Visa/MasterCard/Amex PO # _____

Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Billing Address: _____

I authorize CARS+ to charge my credit card in three installments.

I authorize CARS+ to charge my card for the total amount due.

Signed: _____