



California Reading Association

53rd Annual Conference

November 13 – 14, 2020



WAYS TO REGISTER

- **MAIL** registration form with payment, payable to CRA • 638 Camino De Los Mares, Suite H130/476 • San Clemente, CA 92673
- **FAX** registration form with credit card information to **949-481-8163**
- **CALL** CRA Office with Credit Card number to **949-547-6664**
- **ONLINE** at www.californiareading.org (additional fees added for Online registration)

REGISTRATION FORM

Location: **McClellan Conference Center**

5411 Luce Avenue • McClellan Park, CA 95652

Just minutes away from both the Sacramento International Airport and Sacramento's downtown area.

PLEASE TYPE OR PRINT CLEARLY!

First Name _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____ Phone (____) _____

School District/Affiliation _____ Position _____

CONFERENCE PASS includes admission to: • Exhibits • General Session • All Sessions/Workshops

BECOME A MEMBER TODAY and register for the conference at the member price!

1. Are you a member of CRA _____ Yes _____ No

2. _____ Yes, I want to become a member of CRA @ \$40 for a 1 year membership..... \$ _____
Includes Digital copy of CA Reader publication, 3 times a year. If you wish to receive a copy in the mail, add \$15

3. Please circle the day you will be attending and write "amount due" in the appropriate boxes....

	Friday Only Sessions Start at 12:45 pm Includes Fri. evening Launch Party	Saturday Only Sessions Start at 8:00 am	Both Days Fri. and Sat. Includes Friday evening Launch Party	
Member	\$100	\$180	\$225	\$ _____
Non Member	\$140	\$225	\$270	\$ _____
Pre-Service Teacher	\$50	\$50	\$90	\$ _____

Your Principal comes free with 1(one) paid teacher Registration! Note: All registration forms must be submitted together for this special.
School District Name: _____ \$ _____

4. Lunch with Keynote, **GERRY BROOKS** – Saturday, November 14, 2020 – 12 noon – 1 pm **Gerry Brooks Tickets available to conference attendees only.**
"Principal by day - YouTube sensation by night."- LUNCH INCLUDED **** LIMITED SPACE AVAILABLE ****

Attendee-Both Days _____ \$30 each \$ _____
Attendee-Saturday Only _____ \$45 each

5. **CYRM / EUREKA RECEPTION** – Saturday, November 14, 2020 - 5:00 pm – 7:00 pm
Awards, Keynote Speaker, Food, No Host Bar. _____ # of tickets X \$60 each = \$ _____
Attendees will receive CYRM/Eureka nominated or winning books

TOTAL AMOUNT ENCLOSED \$ _____

Hotel Reservations: Group Rate Rooms are limited!



LIONS GATE HOTEL
3410 Westover Street
Sacramento, CA 95652

Make your room reservation early!

\$118 plus tax for Studio (1 or 2 beds)

\$148 plus tax for Suite (1 bed)

Includes: Parking, Cont. Breakfast, WiFi

For reservations Call: 916-426-9593

Code: "CA Reading Assoc. Conference"

Group rates are limited! The Cut-Off Date for Group Reservations is October 22, 2020. Any Reservation Booked After This Date is Subject To Availability And There is No Guarantee That The Discounted Rate Will Be Available.

CONFIRMATIONS & CANCELLATIONS

- **Confirmation:** All institute registrants will receive a confirmation via email. Bring this confirmation to the event. All registration material, including your name badge may be picked up at on-site registration.
- If you do not receive a confirmation by Nov. 5, 202, please call the CRA office to verify your registration.
- **Cancellation:** All cancellations must be received in writing by October 22, 2020. Cancellations received after October 22, 2020, are non-refundable!
NO EXCEPTIONS!
- No Refunds if you register online.

PAYMENT INFORMATION

- **MAIL** registration form with payment, payable to **CRA** • 638 Camino De Los Mares, Suite H130/476 • San Clemente, CA 92673
- **FAX** registration form with credit card information to **949-481-8163**
- **CALL** CRA Office at **949-547-6664** with credit card number
- Register OnLine at www.californiareading.org (additional fees added with Online registration)

_____ Check Enclosed (payment in full required) Check # _____

_____ Purchase Order Enclosed: PO # _____

District Name: _____

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 _____

Office Use Only: Date Paid _____

Payment Amount \$ _____ Reference # _____