Council of Black Administrators (COBA)
Registration Form

33rd Annual Black Child Conference/Scholarship Luncheon
Saturday, June 7, 2008 from 7:00 a.m. – 3:00 p.m.

LAX Radisson Hotel (Corner Century and Sepulveda Blvd.)
6225 W. Century Blvd.
Los Angeles, CA 90045
Radisson Telephone Number: (310) 670-9000

* Late Registration starts May 7, 2008

3. Instructions for School/Office Registration (Imprest Checks Preferred)

a. Check for sufficient funds for conference attendance with the School Office Manager (SAA) or Fiscal Specialist and complete a "Requisition Form".

b. Complete the "Request for Conference, Convention or Meeting Attendance" (Form 10.12) and *submit* for Approval to the Principal and the Local District Superintendent.

c. Complete the following information

Fund Center	Fund	Program Code	Commitment Item	Item Name	COBA Vendor Number for SPO
	010		520002	Conference Attendance	104646

Approved by:_____   _____   _____
Print School Administrator   Signature   Date

d. Imprest Check see Reference Guide 1706.0

e. **Submit** a copy of this form, the approved Form 10.12 and Imprest Check #_____ or PO # _____ to **Dr. Kenneth Pride, COBA Office, 3870 Crenshaw Blvd., Suite 217, LA, CA 90008**.

2. Contact Information

School/Office _____   Local District _____

Contact Person _____   Title _____

Telephone Number _____ Extension _____   Fax _____

3. Registration Information (list participants on the back of this page)

Number of Registrants:	____ Parents	____ Staff	_____Total Number of People
Conference Registration Fee (Include Breakfast, Workshops, Luncheon and Self Parking) **$85.00 per person (Before May 7, 2008)** **$95.00 per person (*After May 7, 2008)**			
Amount Due	$ _____ for Parents	$ _____ for Staff	$ _____ Total

Participants will have an opportunity to purchase items from Conference Vendors.

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Registrants List - Please Type or Print

Last Name	First Name	Position: (Parent, Staff or Administrator)

_____   _____   _____

School Name   Administrator's Signature   Date