

Fourth District

**PTA**<sup>®</sup>

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# 2010 Sacramento Safari

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**Now More Than Ever....**

*Speak Out for Children!*

**Monday, March 22**  
through  
**Tuesday, March 23**

**Embassy Suites Hotel**  
Sacramento, CA

**Registration:**

**\$450-\$550**

With flights and transportation

**\$250-\$350**

Without flights and transportation

Registration fee also includes housing,  
all conference materials and most meals.

**Register online at [www.fourthdistrictpta.org](http://www.fourthdistrictpta.org)**



Fourth District PTA, 1520 Brookhollow Drive #40, Santa Ana, CA 92705  
714-241-0495

*Fourth District*



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# Sacramento Safari 2010

## General Information

Sacramento Safari is an opportunity to examine the issues that impact our schools, learn about the workings of our state government, and network with other Fourth District PTA parents. Participants will hear from a variety of policy experts and will meet with individual state legislators in their offices.

- Basic Policies:** Attendees must be current PTA members.  
Attendees must be voted as representatives by a PTA unit or council.  
Attendees must be at least 18 years old or accompanied by a parent.  
Participation is limited to 90 people, first come, first served .
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### **Before you register**

Your unit or council must vote to appoint you as its representative on this trip. Units and councils may send more than one representative.

### **Registration Fee**

- \$450 per person, for double occupancy
- \$550 per person, for single occupancy

The fee includes air travel, transportation between the Sacramento Airport and the hotel, one-night hotel stay, all conference activities and materials, and lunch and dinner on Monday, breakfast and lunch in Tuesday. It does not include dinner on Tuesday or parking costs at Long Beach Airport.

If you are making your own travel arrangements to Sacramento, registration fees are:

- \$250 per person, double occupancy
- \$350 per person, single occupancy

The fee includes one-night hotel stay, all conference activities and materials, lunch and dinner on Monday, breakfast and lunch on Tuesday. It does not include flights to and from Sacramento or transportation to and from the Sacramento Airport.

Your registration is complete when the registration form, emergency form, and payment are received at the Fourth District PTA office. Participation is limited to 90 people, so submit your registration as soon as possible.

### **Hotel**

Housing and some Safari activities will be at the Embassy Suites, 100 Capitol Mall, about a half mile from the State Capitol.

### **Travel**

Group travel has been arranged out of Long Beach Airport on JetBlue as follows:

March 22 Depart Long Beach 7:00 a.m.  
Arrive in Sacramento 8:22 a.m.

March 23 Depart Sacramento 7:11 p.m.  
Arrive in Long Beach 8:32 p.m.

Group travel also includes transportation to and from the Sacramento Airport.

### **Safari Activities**

Participants will meet with California State PTA advocates and a variety of knowledgeable speakers, with time for questions and answers. Appointments will be set up for small groups to meet with individual legislators in their offices.

### **Orientation Meeting**

**Friday, February 26, 9:30 a.m. to 11 a.m.**  
**Fountain Valley School District Board Room**  
**10055 Slater Ave., Fountain Valley**

*All participants, especially first-timers, should attend.* Attendees will receive travel instructions, informational packets, schedule updates and other important information.

### **Questions?**

Contact Patty Christiansen, Fourth District PTA Vice President, Advocacy, at:  
advocacy@fourthdistrictpta.org  
Or  
714-241-0495



# Sacramento Safari 2010

Monday, March 22 through Tuesday, March 23

## REGISTRATION FORM

- Registration Fee:** \$450, double occupancy, or \$550, single occupancy.  
Includes airfare, ground travel in Sacramento, and some meals.  
If you are making your own travel arrangements to Sacramento:  
\$250, double occupancy, or \$350, single occupancy.  
Make check payable to: Fourth District PTA
- Registration Deadline:** February 2, or when all available places are filled. (Limit of 90)  
Your reservation is only complete when the Registration Form, Emergency Contact Form and payment have been received by Fourth District PTA.
- Orientation Meeting:** February 26, at 9:30 a.m.,  
Fountain Valley School District Board Room  
10055 Slater Ave., Fountain Valley

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(For airline identification, use the exact name on your driver's license or passport)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ (Information required by airlines)

I am making my own travel arrangements to Sacramento

Name for Nametag (if different) \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Single Room \_\_\_\_\_ Double \_\_\_\_\_ Roommate Name \_\_\_\_\_  
(A roommate will be assigned to you if you do not have one.)

Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_ Vegetarian Meals \_\_\_\_\_

Special Issues \_\_\_\_\_ First time attendee? \_\_\_\_\_

PTA that voted to appoint you \_\_\_\_\_ Unit \_\_\_\_\_ Council \_\_\_\_\_

If under 18 years old, who is the parent or legal guardian who will accompany you?

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**Mail Registration Form, Emergency Contact Form and Payment to:**

Fourth District PTA  
1520 Brookhollow Drive, #40  
Santa Ana, CA 92705



# Sacramento Safari 2010

## EMERGENCY CONTACT INFORMATION

Please complete this form in its entirety and return along with your Sacramento Safari registration form. This information will be used in case of an accident or sudden illness.

Participant Name \_\_\_\_\_

Person(s) to be contacted in case of emergency:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health -related information we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Optional:

Name of Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician address \_\_\_\_\_

\_\_\_\_\_