*Administrators Association of San Diego City Schools (AASD)*

**Please join us for our annual**

# ***Community Leaders Breakfast***

## ***Featuring: Dr. Terry Grier***
## ***Superintendent, San Diego Unified School District***

## "State of the District Address"

## **Thursday, February 26, 2009 – 7:30 a.m.**

### ***Town and Country Convention Center -- Golden Pacific Ballroom***
500 Hotel Circle North, San Diego, 92108 (Mission Valley) ***(619) 291-7131***

PROGRAM

| | |
|---|---|
| 7:00-7:30 a.m. -- Registration/Coffee | 8:25 a.m. -- Welcome/Introductions/Speaker |
| 7:40 a.m. -- Invocation/Breakfast | 8:55 a.m. -- Closing Remarks |

*** * Tables are set for ten (10) people. * ***

Submit your RSVP to Linda Crout-Hamel at the AASD Office via school mail, U.S. mail at: AASD, 3505 Camino del Rio So. #236, San Diego, CA 92108, or FAX to (619) 295-6274. Enclose your **check or copy of your form of payment** and **list of attendees** with your registration form, which is due by February 12, 2009.
Questions? Contact Linda at (619) 295-2118 or linda@aasdcs.org.

***NOTE: PLAN EARLY FOR THIS EVENT. PAYMENT IN FULL MUST BE RECEIVED BY FEBRUARY 12 IN ORDER TO ATTEND THE BREAKFAST. THERE WILL BE NO EXCEPTIONS.***

**Cancellations cannot be accepted within 72 hours prior to the event.** *Refunds cannot be issued for non-attendance.* Table assignments are on a first come, first served basis. ***Changes*** to reservations (number attending or names of attendees) will only be accepted until February 20.

* * **COST: $31/person (includes validated parking)** * * **Registration deadline is 02/12/09** * *

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To: Linda Crout-Hamel, AASD Office Manager        Re: Community Leaders Celebration, February 26, 2009

From:______________________________/____________________________/________________
Contact Name        Site/Department        Phone

Attendees:____________________________________________________________________

Amount due: $__________ for ________ people at **$31.00 each**.        Make checks payable to "AASD."

If payment is not enclosed, please include a copy of your planned form of payment
(i.e., Travel Authorization or P.O. paperwork).

***Reminder: Please include list of attendees/guests and return it with this registration form by 2/12/09.***

*I understand that reservations canceled within 72 hours of the event will NOT be refunded. I also understand that I will be charged for each guest and no refunds will be made if the guest does not attend. (Substitutes ARE allowed.)*