Attention: Principals, Teachers, Coordinators, Counselors, Parent Representatives

*** Please Post ***

*Save the Date*
Saturday, June 2, 2012

Council of Black Administrators

37th Annual Black Child Conference/Scholarship Luncheon

Theme: “Unified Vision Unified Voice”: Action Steps to Ensure Educational Equity for the African-American Child

Hilton Hotel Los Angeles Airport
5711 West Century Boulevard
Los Angeles, CA 90045
310-410-4000

Saturday, June 2, 2012
Registration: 7:00 a.m. Conference: 9:00 a.m.-12:00 p.m.
Breakfast: 8:00 a.m. Luncheon: 12:30 p.m.
Vendors & Exhibit 7:30 a.m. - 3:00 p.m.

Additional Information Forthcoming...
Contact Information:
COBA Office: 323-296-2040
COBA Website: www.lausd.net/args/coba/
Atención: Directores, Maestros, Coordinadores, Consejeros, Representantes de los Padres

*** Por Favor Publiquen ***

* Reserven la Fecha *
Sábado 2 de junio de 2012

Concilio de Administradores Afro-Americanos

Almuerzo con motivo de la 37va. Conferencia Anual/Otorgamiento de Becas para los Niños Afro-Americanos

Tema: “Una Visión Unificada, Una Voz Unificada”:
Medidas para Asegurar Equidad en la Educación para el Niño Afro-Americano

Hilton Hotel Los Angeles Airport
5711 West Century Boulevard
Los Angeles, CA 90045
310-410-4000

Sábado 2 de junio de 2012

Inscripción: 7:00 am.                  Conferencia: 9:00 am.-12:00 pm.
Desayuno: 8:00 am.                        Almuerzo: 12:30 pm.
Vendedores y Exhibiciones: 7:30 am.-3:00 pm.

Información adicional se proporcionará más adelante...

Contacto:
Oficina COBA: (323)296-2040
Sitio de COBA en la Red de Informática: www.lausd.net/orgs/coba/
Council of Black Administrators (COBA)
Registration Form

37th Annual Black Child Conference/Scholarship Luncheon
Saturday, June 2, 2011 -- 7:00 a.m. - 3:00 p.m.
Hilton Hotel at Los Angeles Airport
5711 West Century Boulevard – Los Angeles, CA 90045

I. P-Card
On-line Registration: www.lausd.net/orgs/coba/
a. Please email list of Participants to: slb8162@lausd.net
b. Please Print confirmation receipt after transaction

II. Instructions for School/Office Registration (Imprest Checks)
a. Check for sufficient funds for conference attendance with the School Office Manager (SAA) or Fiscal Specialist.
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 per each attendee.
c. Complete the following information

<table>
<thead>
<tr>
<th>Fund:</th>
<th>Area:</th>
<th>Location Code:</th>
<th>Program Code:</th>
<th>Object/Subject</th>
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<tbody>
<tr>
<td>003</td>
<td></td>
<td></td>
<td></td>
<td>5202</td>
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Approved by:

School Administrator (Print Name) __________________________ Signature __________________________ Date ____________

d. Imprest Check: See current Reference Guide.
e. Submit a copy of this form, the approved Form 10.12 and Imprest Check # ______________ to:
   COBA – P. O. Box 561584 – Los Angeles, CA 90056. ATTN: COBA CONFERENCE

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)

<table>
<thead>
<tr>
<th>Number of Registrants:</th>
<th>Parents</th>
<th>Staff</th>
<th>Total Number of People</th>
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</thead>
</table>

Conference Registration Fee (Includes Continental Breakfast, Workshops, Luncheon and Self Parking)
$100.00 per person (Early Registration Fee through Saturday, March 31, 2012)
$125.00 per person (Beginning Sunday, April 1, 2012 – Tuesday, May 15, 2012)
$150.00 per person (After Tuesday, May 15, 2012 - On-Site Registration Only)

Amount Due $ __________ for Parents $ __________ for Staff $ __________ Total

Participants will have an opportunity to purchase items from Conference Vendors.
(See Reverse Side)
# 37th Annual Black Child Conference/Scholarship Luncheon

**Saturday, June 2, 2012 -- 7:00 a.m. – 3:00 p.m.**

**Hilton Hotel at Los Angeles Airport**

5711 West Century Boulevard - Los Angeles, CA 90045

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## Registrants’ List - Please Type or Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position: (Parent, Staff or Administrator)</th>
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<tbody>
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</table>

School Name: ___________________________  Administrator’s Signature: ___________________________  Date: ___________________________
COUNCIL OF BLACK ADMINISTRATORS (COBA)
37th Annual Black Child Conference/Scholarship Luncheon
Hilton Hotel Los Angeles Airport - 5711 Century Boulevard - Los Angeles, CA 90045
Saturday, June 2, 2012 - 7:00 am to 3:00 pm

COBA SOUVENIR PROGRAM – AD FORM

I authorize COBA to insert a __________ page advertisement in the COBA Souvenir Program to be published in conjunction with the 37th Annual Black Child Conference and Scholarship Luncheon, Saturday June 2, 2012 at the Hilton Hotel Los Angeles Airport, 5711 West Century Boulevard, Los Angeles, CA 90045.

I agree to indemnify the publishers against any claim resulting from unauthorized use of any names, sketches, artwork, photographs, registered trademarks, labels, or words in the advertisement.

Please indicate the size ad you desire and other pertinent information on the appropriate lines. Advance payment is required. For page setup, use letter orientation. Margins must be at least 3⁄8” on all sides.

_____ Publish my camera-ready ad. (Please e-mail (address below) or attach ad.)
_____ Repeat the same ad previously published with no modifications.
_____ (Camera-ready ad must be attached.)
_____ Repeat the same ad previously published with the following modifications.
_____ (Camera-ready ad with changes must be attached.)

Price List

<table>
<thead>
<tr>
<th>Check Type</th>
<th>B&amp;W</th>
<th>COLOR</th>
<th>Check Type</th>
<th>B&amp;W</th>
<th>COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside Back Cover</td>
<td>$225</td>
<td>$500</td>
<td>1⁄4 Page</td>
<td>$50</td>
<td>$125</td>
</tr>
<tr>
<td>Gold Page</td>
<td>$225</td>
<td>$500</td>
<td>1⁄8 Page (Business Card)</td>
<td>$30</td>
<td>$50</td>
</tr>
<tr>
<td>Full Page</td>
<td>$125</td>
<td>$500</td>
<td>Patron</td>
<td>$15</td>
<td>NA</td>
</tr>
<tr>
<td>1⁄2 Page</td>
<td>$75</td>
<td>$250</td>
<td>*Photo on page, Extra</td>
<td>$10</td>
<td>$25</td>
</tr>
</tbody>
</table>

Please print legibly
Advertiser’s Name: ________________________________
Address: ________________________________________
Telephone (Home): ____________________ Business: ____________________

Signature of Advertiser: ______________________________

Make checks payable to: Council of Black Administrators
Send Souvenir Program AD Form and Check or Money Order via U.S. Mail to*:
COBA
Attention: Souvenir Program – Ad
P. O. Box 561584
Los Angeles, CA 90056

**Note: Emailed ads make better quality ads in the Souvenir Program
For a better quality, email your Ad to: coba2010ads@aol.com

EARLY DEADLINE: Friday, APRIL 6, 2012