

### California Association for Bilingual Education Event Calendar

[Scheduled Events](#) [Event Directory](#) [Help](#)

Search Calendar

Go

Event Detail [Agenda](#) [Sessions](#)

Exhibitor and Sponsor CABE 2021 Registration - Virtual Exhibitor Market Place (VEMP)

03/23/2021 - 03/27/2021

2:00 pm - 7:00 pm

Tuesday-Friday 2:00 pm to 7:00 pm and Optional - Saturday 7:30 am to 1:00 pm (PST)

#### FOR SPONSORSHIP OPPORTUNITIES AND LEVEL DESCRIPTIONS

*CABE 2021 Banner Virtual*

## EXHIBITOR AND SPONSOR REGISTRATION

#### Event Details

**Audience** Publishers of English Learners and multicultural materials**Conference Coordinator(s)** Delma Chwilinski  
Ruth Navarrete  
Celina Corona**Included** Exhibitor Zoom Account Listed in Program**Price**

This is the price for the conference, there are additional fees for certain individual sessions.

**To view Sponsorship Opportunities please go to CABE Sponsor-Exhibitor website at CABE2021.org.****Please make check payable to: CABE or pay with a credit card using GovPayNet Online system.**California Association for Bilingual Education  
Attn: Sponsor/Exhibitor Registrations  
20888 Amar Road  
Walnut, CA 91789

Please make sure to include the following description: CABE 2021 Sponsor/Exhibitor Virtual Conference on the check or purchase order.

Register

[Click Here to Register](#)Registration Deadline:  
06/24/2025

OMS Account Holders

[Login Here to Register for Event](#)[Don't have an OMS account? Click here to create one.](#)

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If you are using a credit card or debit card for payment, you will need to select the GovPayNet as the preferred payment method. After the registration process is complete, a link to pay through GovPay's secure credit card service information will be sent within your pending or confirmation to the email address provided with registration. There will be an additional non-refundable service fee which will appear on your statement. If you experience any problems with processing the credit card, please send email to [ruth@gocabe.org](mailto:ruth@gocabe.org).

**Location** Online (Webinar, Online Class, Etc.)  
**Note:**

**Contact** Ruth Navarrete

P: (626) 814-4441 ext. 100

**Sponsor** California Association for Bilingual Education



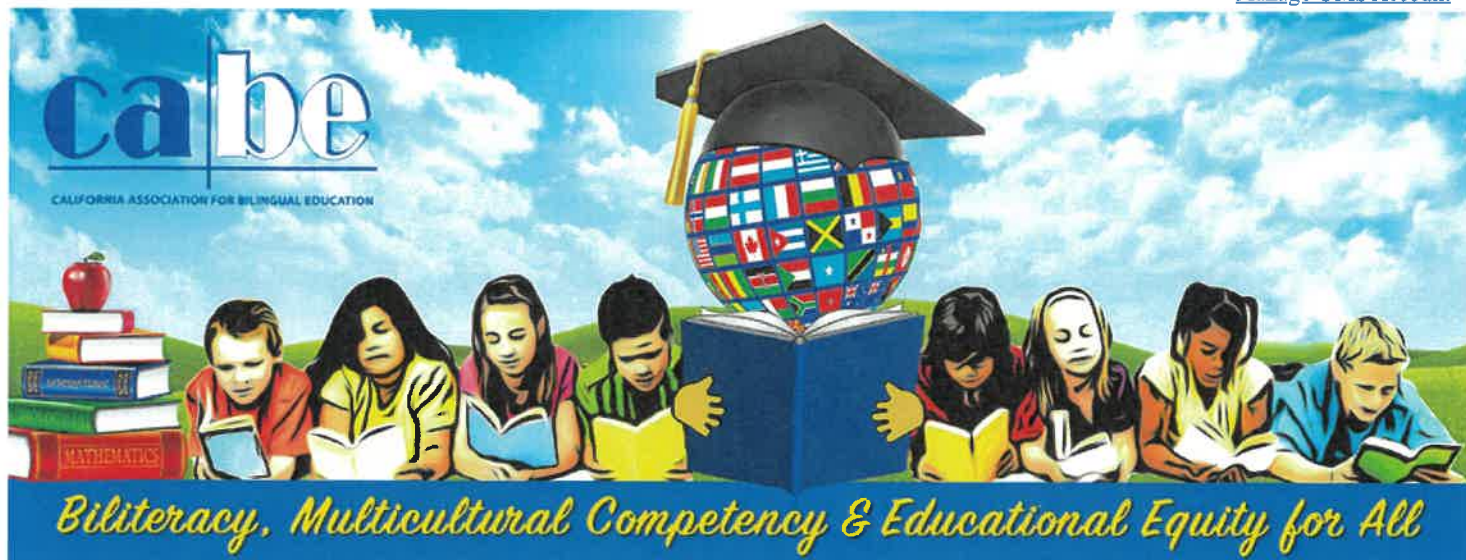
**Organization Management System (OMS)**

Event Registration Management Software Designed by and for K12 Education

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[Scheduled Events](#) [Event Directory](#) [Help](#)

Search Calendar

Go

[Home](#) : [Scheduled Events](#) : [Event Detail](#) : Event Register

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**Note:**

#### Registration Form

\* Required

\* First Name

\* Last Name

\* Email

Retype Email Address

**Alternative  
Email Contact**

Enter email address if the participant would like someone else to receive correspondence regarding their registration.

Retype Email Address

\* Phone (       )       -       Ext.

\* Secondary Phone (       )       -       Ext.

\* Position Category Please select the Position Category that **most** closely describes your position.  
-- Please Select Position Category -- ▼

\* Position/Title Please enter your **current** Position/Title.  
(Examples: Special Ed. Teacher, Coordinator, Assistant Superintendent)

**\* Grade Level** Please select the Grade Level that **most** closely describes your position.  
-- Please Select Grade Level -- ▼

**\* Educational Organization** ☒ I currently **work for or attend** a California school, district, or county office.  
If you cannot find your work site in the drop down menu, please select the next option and fill in the requested information.  
☐ I do **NOT** work for or attend a California school, district, or county office (i.e. parent, business, or private preschool)

**County** -- Select County -- ▼  
Select the California County where you work

**District** -- Select District -- ▼

**School** -- Select School -- ▼

#### Additional Questions

**\* Select Your Registration Category**

- ☐ Sponsor
- ☐ Commercial Exhibitor
- ☐ Career Fair Exhibitor (School District/County Offices)
- ☐ Exhibitor and Advertisement
- ☐ Complimentary Registration

**\* Provide a Description of your Product below.**

**Will you be Selling Materials/Products?**

☐ Yes ☐ No

**If yes, Provide Seller Permit Number below.**

**\* Representative Name: (Person working the conference).**

**\* Representative Email Address below.**

**\* Representative Cell Number ( Will only be used, by CABA staff if we need to contact representative during the CABA 2021 virtual conference).**

**\* Provide your web-site address below.**

**\* Provide your Virtual/Digital Conference Account, example: Zoom, WebEx, etc., link. When creating your meeting we suggest not to use the password option. This will enable us to share it with our attendees during the conference - CABA 2021 Virtual Annual Conference - March 23-27, 2021 to visit your virtual exhibit booth below.**

**\* Sponsors: For sponsor levels Gold and Above Only: If you are APPROVED by CABA to present at CABA 2021, list your presentation(s) below.**

\* **Provide your Logo with embedded Link in Image. No later than February 10, 2021, email to: [ruth@gocabe.org](mailto:ruth@gocabe.org) (Please indicate below when the logo with embedded link in Image will be emailed) Logo will be used in our Virtual Conference Program.**

\* **Are you providing any special offers or raffles? (During your exhibiting hours).**

☐ Yes ☐ No

\* **Provide your schedule (dates and times) you will be exhibiting at the CABA 2021 Virtual Annual Conference below.\* Exhibitors must be available during Designated Exhibit Hours: Tuesday-Friday 2:00pm to 3:00pm. Saturday (Optional) Designated Exhibit Hours: 7:30am - 8:00am.**

\* **Are you exhibiting Saturday, March 27, 2021? (Exhibiting on Saturday is optional)**

☐ Yes ☐ No

Comments/Questions/Special Requests

Fees/Payment Options

**Price**

This is the price for the conference, there might be additional fees for individual sessions.

**Payment Instructions**

To view Sponsorship Opportunities please go to CABA Sponsor-Exhibitor website at [CABA2021.org](http://CABA2021.org).

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**Payment Option(s)**

Please select your preferred payment method.

☐ **Check**

☐ **Credit Card via AllPaid/GovPayNet**

Once you have completed your registration, you will have the option to make payment for this event using your credit card through AllPaid/GovPayNet. AllPaid/GovPayNet charges a service charge to use their service.

☐ **Purchase Order**

If PO information available, please enter in Comments/Questions.

Comments/Questions

Cancellation/Refund Policy

**Cancellation/Refund Deadline: 02/05/2024**

All requests for registration fee refunds must be made in writing and submitted via email at [exhibitors@gocabe.org](mailto:exhibitors@gocabe.org). All Refunds will be processed after conference. A \$100 processing fee will be assessed for each cancelled registration before February 5, 2021. Cancellation Refunds will not be honored after February 5, 2021.

By Registering for this event, you agree to the above Cancellation/Refund Policy.

Part II: Select Sessions



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