

2018 Principal & Assistant Principal of the Year Ceremony
Reservation Form

Date of reservation: _____

Contact Name: _____

Organization/School: _____

Phone: _____ **Fax:** _____

E-mail: _____

Non-DASA member reservations _____ x \$55 = \$ _____

DASA member reservations _____ x \$40 = \$ _____

Retiring Administrator 2016-17 _____ x \$0 = \$ _____

Total # Reservations: _____ = \$ _____

Make checks payable to: DASA

Check# _____ is enclosed for \$ _____

Attendees:

Name of finalist _____

(If finalist will be part of this table print name on #1 line below. If not print name on line above so that we know what group you would like to be seated with.)

1. _____	DASA Member	Yes___	No___
2. _____	DASA Member	Yes___	No___
3. _____	DASA Member	Yes___	No___
4. _____	DASA Member	Yes___	No___
5. _____	DASA Member	Yes___	No___
6. _____	DASA Member	Yes___	No___
7. _____	DASA Member	Yes___	No___
8. _____	DASA Member	Yes___	No___
9. _____	DASA Member	Yes___	No___
10. _____	DASA Member	Yes___	No___

Please complete & return this form with payment, no later than

Thursday, March 8th. 2018 to:

DASA -Dade Association of School Administrators

1498 NE 2nd Ave, Suite 200, Miami, FL 33132

Phone (305) 579-0092 / Fax (305) 579-1068