Tri-Cities Regional Occupational Program

Conference/Workshop Attendance Request

Submit this completed form with attached conference/workshop information and a completed registration form (if applicable) to your Supervisor at least **four (4) weeks** in advance. Overnight conferences require Board approval and **must** be submitted at least **eight (8) weeks** in advance. **If any portion of this form is incomplete it will be returned to you further delaying the registration process.**

Name: Candice Marsano **Today's Date:** 10/6/26

Related Class: WBL & K12 SWP Pathway Coordinator **Overnight?** ■YES ☐NO

Site: Tri-Cities ROP (If **"Yes"** complete page 2)

Name of Conference or Workshop: CA Dual Enrollment Equity Conference

Location & Address: 11999 Hyatt Regency Orange County, Garden Grove

Time: 8:00 A.M. - 5:00 P.M. **Date(s):** March 8-11, 2027

Purpose of Conference/Workshop:

The purpose of the California Dual Enrollment Equity Conference is to help high schools and colleges strengthen programs that allow students to earn college credit while still in high school. It focuses on expanding access, improving student support, and sharing strategies that help more students succeed—especially those who have had fewer opportunities to participate.

Expenses? ■YES ☐NO
If **"Yes"** complete the following:

Registration: 0

Transportation/Mileage: 0

Starting on 1/1/23, Mileage Reimbursement is at a rate of $0.655 per mile

Meals: 280.00

Hotel: 0

Parking: 200.00

Total Expenses: $ 480.00

Substitute Needed: ☐YES ■NO List Dates & Periods if sub needed below:

Monday: Date: _____ Periods: _____ Thursday: Date: _____ Periods: _____
Tuesday: Date: _____ Periods: _____ Friday: Date: _____ Periods: _____
Wednesday: Date: _____ Periods: _____ Saturday: Date: _____ Periods: _____

After receiving written approval, you will be registered for the conference/workshop. You will be reimbursed for approved expenditures upon your submission of the *Request for Reimbursement of Conference/Workshop Expenses* form and typed *Conference Summary Report* form, and **signed itemized original receipts** (See Travel Expense Reimbursement Guide attached).

Complete Page two (2) for Hotel and/or Airline Information (if applicable)

Office Use Only:

Approved: ☐ YES ☐ NO Administrator Signature/Date _____

Superintendent Approval/Date _____ 10-6-26

Board Approved ☐ YES ☐ NO **Date Approved:** _____

P.O. #	Vendor Name:	Vendor#

TYPE:	FUND	RESOURCE	GOAL	FUNCTION	OBJECT	LOCATION
GEN ☐ Perkins ER ☐ SWP: 1☐ 2☐ 3☐	01.0					

Notification: Superintendent: _____ PM: _____ HR: _____ Instructor: _____

Hotel Information

Hotel Name: N/A

Address: _____ City/State/Zip: _____

Phone No: _____ Fax: _____

Date checking in: _____ Date checking out: _____

Confirmation No: _____

Notes: _____

**Most hotels require a personal credit card on file for incidentals and will hold up to $75 on the card during your stay.*

Airline Information

Please schedule an appointment with:

Purchasing Specialist for Airline Reservations (562) 698-9571 x 204

Office Use Only:

Airline: _____

Date/Time Departing: _____

Date/Time Returning: _____

Confirmation No: _____

Notes:

_____

_____

CALIFORNIA DUAL ENROLLMENT EQUITY CONFERENCE



Anaheim, CA
March 8-11, 2027

CLP Career Ladders Project | edtrust WEST | CADEP

Hyatt Regency Orange County

11999 South Harbor Boulevard
Garden Grove, CA 92840

March 8 - 11, 2027

Congratulations, you are now registered!

Your Confirmation Number is:

J7NTL3DBK3S

You will receive an email with your registration details.

Add to Calendar | Modify Registration

Submit Payment

Registration Summary

Review your registration information below

Candice Marsano

cmarsano@tricitiesrop.org

CC Email Address
cmarsano@tricitiesrop.org

Mobile
+19092251373

Organization
Tri-Cities ROP

Title
K12 Pathway Coordinator

Questions

Business Office Contact Email Address (for payment)
cmarsano@tricitiesrop.org

Dual Enrollment Partner(s):
Rio Hondo College

Organization Type
Regional Consortium

Do you have any dietary restrictions?
None

Emergency Contact (First & Last Name)
Blake Nouribekian

Emergency Contact (Phone Number)
818-679-9972

We are committed to making our events accessible to everyone. Do you require a special accommodation or service to fully participate in the conference?
No

Please indicate below whether you would like your contact information shared with our event sponsors or speakers
No, please do not share my information with sponsors or speakers

What pre-conference session would you like to attend on Monday, March 8th?
[INVITE ONLY] LARC Pre-Conference Session (9:00 am) - 3:00 pm)

What post-conference session would you like to attend on Thursday, March 11th?
CDEEC's Inaugural Student-Led Post-Conference Event: "Dual Enrollment Through the Student Lens" (8:00am - 11:30am)

Agenda

Item	Price
Admission Item VIP Conference Registration Package	Free

See you in...

159	19	50	24
Days	Hours	Minutes	Seconds