

# 24 CONNECTICUT ASSOCIATION OF ATHLETIC DIRECTORS

## th Annual Athletic Directors Conference

Thursday and Friday, March 27-28, 2008 ♦ Rocky Hill Marriott

### TENTATIVE SCHEDULE

#### Thursday, March 27, 2008:

8:00 - 11:00 a.m. CIAC Workshop - *Mike Savage, Executive Director*  
 12:00 - 1:30 p.m. Luncheon / CAAD General Meeting -  
*Chip Dorwin, CAAD President*  
 2:15 - 3:15 p.m. General Session - *Greg Dale, Duke University*  
 4:00 - 5:00 p.m. Workshop Session  
 5:15 - 6:15 p.m. Social Hour  
 6:15 - 9:00 p.m. Awards Banquet  
 9:00 - 11:00 p.m. President's Reception

#### Friday, March 28, 2008:

8:00 - 9:30 a.m. CAAD Annual Breakfast - *David Pease*  
 9:45 - 11:45 a.m. CAAD Coaching Education Modules  
*By CAAD State Faculty*  
 12:00 - 1:30 p.m. Coca-Cola Buffet Luncheon and CAAD Closing  
 Meeting

**CEU'S WILL BE AWARDED EACH DAY**

#### 2008 C.A.A.D. AWARD RECIPIENTS

*Distinguished Service Award Recipient From  
 Inside the Field of Athletic Administration*  
**JEFF SUNBLADE, AVON HIGH SCHOOL**

*Distinguished Service Award Recipient From  
 Outside the Field of Athletic Administration*  
**GEORGE DeMAIO, WELI**

*NIAAA State Award of Merit*  
**JOE CANZANELLA, NEW HAVEN PUBLIC  
 SCHOOLS**

*Meritorious Service Award*  
**MARTY SPARANO, W.F. KAYNOR  
 TECHNICAL HIGH SCHOOL**

### PRE-REGISTRATION INFORMATION

#### Early Bird Conference Registration

Name \_\_\_\_\_  
 School \_\_\_\_\_  
 Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_

Payment enclosed is to cover:

Registration: CAAD Member -- \$100 \_\_\_\_\_  
 Non-member -- \$200.00 \_\_\_\_\_  
 Spouse -- \$60.00 \_\_\_\_\_

Spouse's Name (if attending): \_\_\_\_\_

Total Enclosed -- \$ \_\_\_\_\_

Jersey Size (men's sizes): S M L XL XXL

Make checks payable to: **CAAD**

Return to: Judy Sylvester  
 30 Realty Drive  
 Cheshire, CT 06410

**No one-day fees ♦ No refunds after March 12, 2008**  
**Conference gift not guaranteed after March 1st**

#### Hotel Registration

Group: Connecticut Association of Athletic Directors

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_

Arrival Date: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

VISA  MC  American Express  
 Expiration date: \_\_\_\_\_

Check one:  2 Double Beds  King Bed  
 \$89 per night Plus 12% tax

Send this form along with check or credit card # to:  
**Rocky Hill Marriott**  
 100 Capital Boulevard  
 Rocky Hill, CT 06067  
 Attn: Laurie Quinn

**Room Rate NOT guaranteed after March 12th**