

Conference Registration

Fee: \$495.00/per person

\$470.00/per person w/group of 5 or more

\$445.00/per person w/group of 10 or more

To register: Please mail or fax w/payment to address/fax # given below.
To register online please use a credit card (MC, Visa, Discover only)... see payment information below.

REGISTRATION FORM *required field...Please use a separate form for each attendee

Name* _____

School District* _____

School:* _____

School Address* _____

City* _____ State* _____ Zip* _____

School Phone* () _____

E-Mail* _____

****Information packets will be mailed after school closing****

Home address*: _____

City*: _____ State _____ Zip _____

Phone*: () _____

Current Position*

- | | | |
|--|--|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Reading Teacher | <input type="checkbox"/> Reading Couch |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> Title I | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Asst. Principal | <input type="checkbox"/> Other _____ |

Grade Level(s) _____

BILLING INFORMATION*

- | | |
|---|---|
| <input type="checkbox"/> \$25 off/Early Bird Discount | <input type="checkbox"/> \$495/person |
| <input type="checkbox"/> \$470/person 5 or more | <input type="checkbox"/> \$445/person 10 or more |
| <input type="checkbox"/> Purchase order attached | <input type="checkbox"/> Check enclosed/mail only |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover |

Card # ____/____/____/____ Exp: ____/____

Name on Card: _____

School/Company Name on Card: _____

Credit card billing address: _____

City _____ State _____ Zip _____

****Cancellations/Substitutions must be made in writing by mail/fax****